


County Borough of Gloucester



Annual Report of The Medical Officer of Health
and Principal School Medical Officer, 1969.



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County Borough of Gloucester



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

CITY AND PORT OF GLOUCESTER

FOR THE YEAR 1969

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1969

The definition of public health, (The World Health Organisation Expert Committee on Public Health Administration) :—

“Public Health is the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community efforts, for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery to ensure for every individual a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity”.

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COMMITTEES

1968-69

HEALTH COMMITTEE

Chairman :

Alderman I. C. Pritchard
(Ex-Mayor)

Deputy Chairman :

Councillor Mrs. D. M. Mathers, J.P.

Members :

The Mayor (*ex-officio*)
Alderman G. A. H. Matthews,
M.B.E.

Alderman R. E. H. Moulder
Alderman H. Layton
Councillor A. Ross
Councillor J. Robb
Councillor Mrs. L. A. Reeves
Councillor E. C. Stockwell
Councillor D. T. Meadows
Councillor P. M. Robins
Councillor D. J. Knight

NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Health Committee, with the following co-opted members :—

Dr. G. C. Mathers
Dr. P. G. Cronk
Mr. J. H. Tee, B.D.S., L.D.S.
Mrs. K. Heal, S.R.N.
Mrs. H. F. Etheridge
Mrs. E. M. White
Mrs. V. G. Lawson
Mrs. L. R. Jones
Mrs. P. W. G. Pickthorn
Mrs. V. B. G. Leach

1969-70

SOCIAL SERVICES COMMITTEE

Chairman :

Councillor L. C. White

Vice-Chairman :

Councillor Mrs. D. M. Mathers, J.P.

Deputy Chairman :

Councillor A. Ross

Members :

The Mayor (*ex-officio*)
Alderman G. A. H. Matthews,
M.B.E.

Alderman R. E. H. Moulder
Councillor Mrs. L. A. Reeves
Councillor Mrs. N. Leighfield
Councillor Miss F. L. E. Wilton
Councillor P. W. J. Dewsnip
Councillor J. R. Hancock
Councillor D. J. Knight
Councillor J. M. Allison
Councillor J. E. Logue
Councillor Mrs. M. G. P. Nurse
Councillor N. P. Partridge

NATIONAL HEALTH SERVICE SUB-COMMITTEE

All the members of the Social Services Committee, with the following co-opted members :

Dr. F. W. Millard
Dr. K. Pritchard
Mr. J. H. Tee, B.D.S., L.D.S.
Mrs. K. Heal, S.R.N.
Mrs. H. F. Etheridge
Mrs. E. M. White
Mrs. V. G. Lawson
Mrs. P. W. G. Pickthorn
Mrs. V. B. G. Leach
Mrs. E. E. Chandler.

STAFF

Medical and Dental Staff

P. T. REGESTER, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, Principal School Medical Officer, Medical Officer, Over Hospital.
PAULINE J. BEGLEY, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.OBST.R.C.O.G., D.C.H., Deputy Medical Officer of Health, Deputy Principal School Medical Officer.
CHARLES R. OYLER, M.R.C.S., L.R.C.P., Senior Departmental Medical Officer, School Medical Officer.
MARY JAMES, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.P. & S. (Glas.), Departmental Medical Officer, School Medical Officer.

*F. J. D. KNIGHTS, M.D., M.R.C.P., M.R.C.S., Chest Physician.
*R. H. ELLIS, M.D., M.R.C.P., M.R.C.S., Chest Physician.
*H. A. HAMILTON, M.B., B.CH., M.R.C.S., L.R.C.P., F.R.C.O.G., Consultant Obstetrician.
*G. A. LEWIS, M.B., CH.B., M.R.C.O.G., Consultant Obstetrician.
L. V. MARTIN, M.B., B.S., F.F.A., R.C.S., D.A., Anaesthetist, Dental Service.

R. BELL, B.D.S. (Edin.), Principal Dental Officer.
A. J. LANE, L.D.S., R.C.S., Dental Officer.
T. A. LOCK, L.D.S., Dental Officer.
R. G. BOODLE, L.D.S., J.R. COND, B.D.S., MRS. E. M. GLEES, D.M.D. (Bonn), MRS. I. M. LEACH, L.D.S., Dental Officers (Part time).
MISS V. S. EGERTON, Dental Auxiliary.
MRS. J. BUNCE, MISS J. CHESHIRE, MISS J. CREW SMITH, MISS J. OWEN, Dental Surgery Assistants.
MRS. M. L. BRICE, S.E.N., MRS. E. H. QUIRK, R.M.N., Dental Surgery Assistants (Part time).

*By arrangement with the South Western Regional Hospital Board.

Public Health Inspectorate

R. I. WILLIAMS, D.P.A., M.A.P.H.I., Chief Public Health Inspector and Port Health Inspector.
G. W. ALEXANDER, D.M.A., M.A.P.H.I., Deputy Chief Public Health Inspector and Assistant Port Health Inspector.
E. A. BLUNDELL, R. C. UPHAM, R. E. WORKMAN, Senior District Public Health Inspectors.
S. GRIMSHAW, Senior Meat Inspector.
A. E. LEWIS, D. F. M. LODGE, J. R. PARTIS, C. C. SHERGOLD, M. C. SMITH, D. M. WISE, District Public Health Inspectors.
J. R. HARRIS, J. KING, M. SHEPPARD, Authorised Meat Inspectors.
D. BROOKS, J. A. GILLARD, Student Public Health Inspectors.

Health Visiting

MISS B. C. DAY, S.R.N., S.C.M., Q.N., H.V., Chief Nursing Officer.
MISS A. J. BLOORE, S.R.N., S.C.M., Q.N., H.V., Deputy Chief Nursing Officer.
MRS. D. G. GORDON-WILSON, MRS. E. P. GOULDING, MISS E. M. B. JAMES,
MISS C. JONES, MISS A. E. NEWMAN, MRS. R. O'GORMAN, MISS P.
OLIVER, MRS. V. PUSEY, MRS. V. B. SMITH, MRS. I. M. WATHEN,
MRS. G. M. WILLIAMS, MISS D. M. WOOD, Health Visitors/School
Nurses.
MRS. N. PRIESTLEY, Clinic Superintendent, Charles Cookson Clinic.
MRS. M. COWLARD, Clinic Sister, Charles Cookson Clinic.
MRS. R. M. HILL, Clinic Nurse, Rikenel Clinic.
MRS. O. M. BEVERIDGE, MRS. J. EVANS, MRS. J. MITCHELL, School Nurses
(Part time).
MISS E. JOSLIN, Student Health Visitor.

Mental Health Service

MISS J. HALL, S.R.N., Q.N., A.A.P.S.W., Principal Mental Health Officer.
G. G. FOLLAND, MRS. S. MORANT, Mental Welfare Officers.
S. J. TUNSTALL, Head Teacher, Junior Training Centre (Part-time, by
arrangement with the Education Committee).
J. D. MORTON, Teacher in charge, Junior Training Centre.
M. VICARY, Teacher, Junior Training Centre.
MRS. S. J. PORTER, MRS. E. TUNSTALL, Assistant Supervisors, Junior Training
Centre.
MRS. M. F. BROWNING, MISS J. A. GREENWOOD, Nursery Assistants, Junior
Training Centre.
E. G. TAYLOR, Supervisor, Adult Training Centre.
MRS. M. F. FRANKLIN, Deputy Supervisor, Adult Training Centre.
MRS. D. A. LAPINGTON, R. J. OVERTHROW, Assistant Supervisors, Adult
Training Centre.
A. GRAHAM, R. NICHOL, MISS G. NORMAN, MRS. D. POWELL, Student Social
Workers.

Health Centre

D. SIBBALD, M.P.S., Pharmacist and Medical Supplies Officer.
MRS. M. M. CARR, S.R.N., Q.N., Nurse.

Other

E. G. WHITTLE, B.SC., F.R.I.C., Public Analyst.
D. J. TAYLOR, B.SC., M.CHEM.A., F.R.I.C., Deputy Public Analyst.
J. F. KELSALL, B.A. (HONS.), DIP.PSYCH., A.B.P.S.S., Educational Psychologist.
MISS F. GRAY, Speech Therapist.
MRS. A. L. BRISTOW, MRS. S. A. GOODWIN, MRS. C. V. PEARCE, Speech
Therapists (Part time).
MRS. C. COOPER, Audiometric Technician.
MRS. C. J. GREENWOOD, Physiotherapist (Part time).
L. J. RUST, Chief Ambulance Officer.
G. A. JAMES, Deputy Chief Ambulance Officer.
MRS. M. E. CRAIG, Health Education Officer.

MICHAEL TAYLOR, Social Worker (Addictions).
 MISS M. H. NORCOTT, Home Help Organiser.
 MISS G. L. NEAL, Assistant Home Help Organiser.
 MISS G. GAPPER, L.I.S.W., Social Welfare Officer for the Blind.
 MRS. J. M. COLLINS, Chiropodist.
 MRS. G. C. DEAR, MRS. J. NORTHCOTE, MISS A. L. TIGHE, Chiropodists
 (Part time).
 C. G. MILLS, Manager, Prospect Works.
 M. C. TOOMBS, Foreman, Prospect Works.
 MRS. D. M. LITTLE, C. PUCKEY, Supervisors, Prospect Works.
 MISS E. M. MACSWINEY, Welfare Officer, Physically Handicapped (Part
 time).
 MRS. S. BENNETT, MRS. D. M. BRADSHAW, Occupational Therapists,
 Physically Handicapped (Part Time).
 A. S. COOK, Rodent Officer.
 H. C. GRIBBLE, Disinfecting Officer.

Administrative and Clerical

H. MEADOWS, M.R.S.H., Administrative Officer.
 D. R. WILLIAMS, Senior Administrative Assistant.
 A. J. PERRETT, A. M. TIMSON, Administrative Assistants.
 Clerical Staff: MISS D. ALLEN, T. E. BRECKELL, MRS. H. COMPTON.
 MISS G. E. COOPER, M. J. ELLISON, MISS J. EVANS, MISS C. FELLOWES,
 MRS. I. GALLAGHER, MRS. A. M. HARRIS, MRS. M. E. HARRIS, MISS M.
 HOWE, MISS L. JONES, MRS. O. NORMAN, MRS. M. D. PEPPERELL,
 MRS. G. RUST, MRS. E. M. SIBBALD, MRS. K. SPARROW, J. THAYER,
 E. C. WHEELER.
 Secretarial Staff: MRS. E. A. PENSTON (Secretary to the Medical Officer
 of Health), MISS S. RICHARDS, MISS A. THOMAS, MISS B. TIMBRELL.

HEALTH SERVICES

Health Department and Central Clinic, Rikenel, Montpellier, Gloucester

Telephone 29421

Office Hours, 9 a.m. — 1 p.m. : 1.30 p.m.—5.30 p.m.

Mondays to Fridays

Appointments may be made at the above address for :—

CERVICAL CYTOLOGY, CHIROPODY, MATERNITY HOSPITAL BEDS,
RELAXATION CLASSES, TUBERCULOSIS IMMUNISATIONS, ETC.

Clinics held at Rikenel :—

Child Welfare Clinic — Mondays and Thursdays 2 p.m.

Vaccination and Immunisation—

Tuberculosis — By appointment.

Diphtheria, Whooping Cough,

Smallpox, Poliomyelitis, Measles — Wednesdays and
Fridays, 4—5 p.m.

Services provided at Rikenel :—

Audiometry — By appointment.

Chiropody — By appointment.

Educational Psychologist — By appointment.

Health Education.

Health Visiting.

Home Help Service.

Mental Health Service.

Pest Control.

Public Health Inspection.

School Health Service and Clinic.

Social Work — Addictions (Alcohol, Drugs, etc.).

Speech Therapy — By appointment.

Welfare Services for the Handicapped.

Charles Cookson Clinic, Great Western Road, Gloucester

Telephone 23253

Ante and Post Natal Clinics	Doctors' and Nurses' Sessions by appointment. Bookings, Mondays 9.30 a.m.
Relaxation Classes	By appointment.
Child Welfare Centre	Tuesdays, 2 p.m.
Family Planning Clinic.	By appointment

Other Services

Health Centre, 20 Longsmith Street.	Telephone 27217.
Junior Training Centre, Longford Lane.	Telephone 22637.
Adult Training Centre, Archdeacon Street.	Telephone 22591.
Physically Handicapped Centre, Montpellier.	Telephone 29421.

Other Services—contd.

Blind Persons Handicraft and Social Centre, Montpellier.	Telephone 29421.
Prospect Works (Sheltered Employment) Eastbrook Road.	Telephone 20438.
Ambulance Service, Eastern Avenue.	Telephone 25055.
School Dental Clinic, Ivy House, Barton Street.	Telephone 20436.
Child Guidance Clinic, Maitland House, Spa Road.	Telephone 26319.
Chest Clinic, Gloucestershire Royal Hospital, Great Western Road (By appointment).	Telephone 25061.

Child Welfare Centres

Health Department and Central Clinic, Rikenel, Montpellier.	Mondays and Thursdays, 2 p.m.
Charles Cookson Clinic, Great Western Road.	Tuesdays, 2 p.m.
Village Hall, Hempstead.	Alternate Tuesdays, 2 p.m.
Longlevens Clinic, Church Road.	Tuesdays, 2 p.m.
St. Aldate Church Hall, Reservoir Road.	Tuesdays, 2 p.m.
St. Stephen's Church Hall, Linden Road.	Wednesdays, 2 p.m.
Matson Youth Centre, Redwell Road, Matson.	Wednesdays, 2 p.m.
Podsmead Church Centre, Shelley Avenue.	Alternate Wednesdays, 2 p.m.
Church Hall, Larkhay Road, Hucclecote.	Thursdays, 2 p.m.
St. George's Church Hall, Grange Road.	Alternate Thursdays, 2 p.m.
St. Michael's Church Hall, Seventh Avenue.	Alternate Thursdays, 2 p.m.
Church Hall, Coney Hill Road.	Fridays, 2 p.m.
Methodist Church Hall, Lonsdale Road	Fridays, 2 p.m.

HEALTH DEPARTMENT,
RIKENEL,
MONTPELLIER,
GLOUCESTER.

To the Mayor, Aldermen and Councillors
of the City of Gloucester.

I am pleased to submit my Annual Report for 1969.

Green Paper Dragons

Though I did not wish to portray for you a moribund M.O.H. babbling of green fields, I have yielded to the temptation to defer writing this foreword to the Annual Report for 1969 until the issue of the Green Paper (Mark II) on the Future Structure of the National Health Service.

I need not have bothered: for it is (E. & O.E.) as green as the first. with a lot more angelica.

The first Green Paper was a nice piece of administrative architecture. The claim that its basis was the B.M.A.-inspired Porritt Report of 1962 was false for it was more courageous than that. The pattern of Porritt was the four service departments dedicated to the preservation of professional interests. The Green Paper Mark I talked of five fundamental departments which is sound, offering firm ground for planning and no ground for sectarian manoeuvres.

However, if men have been on the moon, the mice have been at the green cheese. We perceive in the new document on the one hand the twisty Tweedledum and Tweedledee of non-participating democracy and participating undemocracy. On the other hand there is deference to the status of the "independent contractor" (what a miserable appellation for a medical man) and a rather exaggerated obeisance to medical mandarism and perhaps a touch of the medical syndicalism of Porritt. One deprecates that only one third of the Area Health Boards will be elected by the people: concerning the $\frac{1}{3}$ professional representation I can only quote *The Lancet*—"In practice $\frac{1}{3}$ professional (i.e. medical) representation will weigh more than a third both because of the advantage of professional knowledge and because the professional members can ally themselves with no professional officials of the authority. This is syndicalism, which is rightly out of fashion. It seems a tragedy that the professional representatives should sit on these bodies (professional spokesmen are another matter altogether). While doctors have been cheerfully attending the long awaited demise of the medical prima-donna, a stunning truth has emerged: she lives on in the medical actor-manager. This is folly. In the N.H.S. the doctor's job is to do his professional work (which for some consists in medical administration) and otherwise to advise." It appears to leave untouched some of the under-administered parts and to dislocate the more organised parts of the Health Service. However, the Paper ought to be read in conjunction with Todd, Godber, Bonham Carter, etc., and perhaps, more importantly, compared with the various sociological writings on the wall. The message, à la MacLuhan, is in the medium: the structure of the new service is the reality. It allows for much in the future.

“Bless thee ! Bottom. Bless thee ! Thou art translated”

(Midsummer Night's Dream).

That venerable journal, *The Lancet*, in a theological mood, recently made the observation that if the M.O.H. did not exist he would have to be invented. Existing, he is a very difficult person to liquidate. The Green Document, “annihilating all that’s made to a Green Thought in a Green Shade,” has transmogrified him into the Community Physician. The M.O.H. who spent a good deal of his time and efforts transcending boundaries still finds himself qua Community Physician in a like position, being employed by the Area Health Board but continuing to provide services and advice for the local authorities presumably both for the unitary authorities and those other more menial councils (provided by beneficent Maud to serve as convenient kennels from which to bay the moon).

Some of my colleagues feel that this sitting astride the fence is an uncomfortable position and damaging to their manhood. They see before them the undignified example of the Mugwump and we all know of the fate of Humpty Dumpty. I see it as a little more challenging. Border skirmishes are always more vicious and disputed barricades always the most fought over. What is separated requires mediation and of the making of middle men there is no end.

The Expropriators Expropriated

For long the social workers of the world have wished to unite. They saw in the Seebohm Report of 1968 on the Local Authority and Allied Social Services an opportunity to knock off their problematical chains. The Report was a very rewarding analysis of the social work scene : a good report and a welcome report. It had its errors and drawbacks ; some of it read like a fairy story complete with the Wicked Ogre in the guise of an epicene M.O.H. ; it wasn’t fair to health visitors ; its notions of the numbers of existing social workers were wildly erroneous ; it was unable to support some of the statements as to the required complement of social workers and as to the total effectiveness of social work. What seemed most damaging to its cause was its thirst for the comprehensiveness and its compulsive and rather irksome sense of urgency, really perhaps a claim of primacy, a primacy over the Royal Commission on Local Government, a primacy over the re-organisation, the unification and integration of the Health Services. There was indeed some indications that Seebohm had dropped a brick rather than a bomb.

But by that strange alchemy, that works in the lobbies of parliamentary democracy, they pulled it off. Today, the enabling enactment. By April 1971 the setting up of the new Social Services Departments in most authorities. That a comprehensive social services department is needed is not really debatable. That it will happen is now undeniable. That this should precede the re-organisation of the Health Services and that the re-organisation of the Health Services should wait upon the changes in local government structure when the major part of the Health Services have nothing to do with local governments, does lead one to the belief that the Temples of Sleep in regions of the Elephant are not now presided over by Aesculapius.

It is a little strange that the misnamed Minister of Social Services should share the care of the Local Authorities' Social Services Departments with his colleagues at the Home Office. It is a little incomprehensible that community physicians (and social workers) should be expected to trans-ship so frequently back and forth from Area Health Board to Unitary Authority that they won't know, nautically speaking, their in-Board from the out-Board, whilst these social security creatures remain perched both at the administrative and simian levels in their own branches. I commend to the Elephant the habit of the hippo which demarcates its territory with a more adroit defecatory emphasis.

Political eunuch though I may be (gelded like the other chief officers at the hands of the system), I can still faintly perceive what the Russian Plutocrat must have felt in 1918 when the expropriators were expropriated. On April 1st, 1971, the department will hand over (a euphemism indeed) to the new Social Services Department :—

- 1 Hostel for the Mentally Subnormal (half built)
- 1 Adult Training Centre (hardly soiled)
- 1 Sheltered Workshop for Handicapped Persons (mint condition)
- 1 Centre for the Blind (almost new)
- 1 Handicraft Centre for the Physically Handicapped (a mere 7 years old)

plus

- 1 Scheme of Bed Sits for Mentally Ill Persons (still a-growing)
- 1 Sheltered Workshop for Mentally Ill Persons (poised on the edge of the drawing board)

together with an assortment of Social Workers and Services in Like Condition.

As to when will come the unification of the Health Services, you'll as soon find the oracle in the leaves of a cabbage as in the Green Paper.

But :—

“If it be now, 'tis not to come: if it be not to come it will be now: if it be not now, yet it will come. Readiness is all.” (Hamlet)

Readiness is All

I did outline in last year's annual report the progress of the Rikenel complex: It was good local government and wise local planning which, over four years ago, led the Council to approve the scheme. None of your maudifications and maudernizations and white papering over the cracks. At Rikenel the green paper area interdigitates with the seebohm territory ; the health services, even though they be not under the control of the local authority will stand cheek by jowl with the social services which are. There will be by the end of 1970 a common reception area for both, leading to all of the community services supplied by the Area Health Board (including a central health centre, dental centre, a pharmacy, the school health clinics, family planning clinic, a cervical cytology clinic, chiropody, occupational health, health educationalist, and all the stock in trade of the community physician) and to the community services supplied by the Unitary Authority, together with a small students' section where student health visitors, student

social workers, student health inspectors and trainees of all kinds could mix and mix it. Within spitting distance (although we never do so) are the social security offices and the offices of the Executive Council of the National Health Services.

Green and Growing Areas

The Unification of Maternity Services. I am happy to say that this re-organisation awaits only on final agreement by the Treasurers of the Hospital and Local Authorities and on the implementation in the Group of the Salmon Report. After this time the domiciliary midwifery service will be integrated fully with the general practitioner unit of the maternity hospital and its employees will be employed (as agents of the Local Authority) by the Hospital Authority. This really is only the final linkage to complete the chain of co-operation which began long ago, the visible manifestation of which is, of course, the Charles Cookson Clinic, where hospital obstetric out-patients and the special care paediatric clinics have worked alongside local authority midwives, antenatal clinics, child welfare clinics, family planning clinics, cervical cytology clinics, etc. ; to be joined recently by the general practitioners who wish to utilize the excellent facilities that are offered for the antenatal investigations.

Day Hospitals for the Aged. We are at present in the planning stage of setting up in one block at Over Hospital a day centre for up to 80 elderly persons per day. It is expected that the capital costs will be borne by the Gloucester H.M.C. The staff would be supplied jointly by both authorities, the City Council making available district nursing time and a domiciliary chiropodist whilst the Hospital Group provide an occupational therapist and a physiotherapist. A similar day provision for the young chronic sick might be emerging in the future from the considerable private welfare funds which are available to the Gloucester District Nursing Society.

Sheltered Workshop for the Mentally Ill. This is a project which has been before the Social Services Committee and will we hope be coming to fruition by the end of the year. It entails close co-operation between the Superintendent of Coney Hill Mental Hospital and the Local Authority as well as with the D.R.O. and the Department of Employment and Productivity. The Prospect Works has now been in operation for two years. Initially, it was intended that the Workshop should supply work for handicapped persons of various sorts ranging from the physically disabled, the chronic bronchitic, the mentally disordered (including subnormal persons whose need was for sheltered work and could meet up to the criteria for admissions). The experience has been that although some seven mentally ill persons are employed at the Works, there was a sizeable group of patients who needed a special type of sheltering with supervision of a sort that was nearer that provided by the nursing profession. Concurrently there is the need to expand the bed sit scheme started some years ago in Oxford Street.

Work of Medical Staff in Hospitals. The M.O.H. continues as consultant in infectious diseases with responsibilities for the clinical care in Over Hospital. He and his medical staff still have care of some 40 chronic and geriatric beds at that hospital. One Medical Officer still has a clinical assistantship in the special care unit with the Consultant Paediatrician and another in the assessment clinic with the Consultant Psychiatrist.

Attachment of Staff to General Practices. By the date of publication all district nurses, all midwives and all non-specialised health visitors will be attached and all the social workers will be doing sessions in various practices.

Radio Link for General Practitioners. An Ultra High frequency radio transmitter/receiver has been set up in the Radio Room of the Ambulance Station. This primarily will serve our field staff for the present. (However, one does think that extra controls might well be placed — and perhaps with greater advantage — at the G.P. Maternity Unit and at the Accident Unit.)

Meanwhile we have offered to the general practitioners of the City as a free facility linkage with this system. It will offer, amongst other things, a message passing service for the doctors.

Medical Accident Service. Some general practitioners have evinced an interest in developing skills and being available to attend road accidents (or, indeed, any serious accident). The existence and extension of motorways and trunk roads in the vicinity (although statistics show such highways to be safer than ordinary roads) will produce larger and more serious high velocity accidents. It is very desirable not only that our ambulances should be equipped to cope with them but also that there should be on the site of the accident (especially where the casualties are numerous, the injuries multiple and the patients trapped in their vehicle) medical aid. Then and only then would it be wise to use to the full pain killing drugs.

Panel for Consultation in Non Notifiable Diseases. The General Practitioner Association have kindly named a panel of their members to assist the M.O.H. and the Director of the Public Health Laboratory in their task of assessing the scope of epidemics in non-notifiable infectious and/or little known or little investigated infectious diseases.

Sampling the Population. Members will have heard my constant contention that health departments should have powers, time, staff, etc. continually to sample the community in a similar manner and as sedulously as we sample food, milk, water, etc.

At the present stage of the development of the Health Services, there is little to commend to us the widespread and fairly indiscriminate screening of the population on an open-door, open-clinic basis. We should screen with Zweckdenken. Screening should only happen when it has a precise goal and objectives. Screening and all the investigations which lie behind it is far too expensive to lightly embark upon it for the benefit of a limited number of individuals who are self selected and who might not necessarily be in the greatest need. It tells one relatively little about the state of health of or the incidence of disease in the community, and can very easily overload or even shipwreck the hospital investigatory and therapeutic services.

In the department we hope to begin in the near future a means of dipping into the population by a sort of "tam rating". We feel a lack of "feed back" (to use a ghastly term) in the community. We feel we need it to explore the health attitudes as a prelude to health education and we need it to evaluate health education programmes. We will need it increasingly in the future for the planning of services — not merely the local authority services but also the hospital and general medical services. Above all in the building up of an integrated system of medical investigation linked with investigatory beds (consultants have no more right of sole proprietorship of beds than g.p.s and should not expect the perpetuation of the present feudal system of medical serfdom — à la Gogol's *Dead Souls*).

A carefully selected sample of the community could be set up as a permanency (after 5—7 years it might need to be re-selected or freshened up). This may be tapped at will. A desired segment of it could be invited to attend clinics for screening-type procedures, etc., etc. By establishing screening clinics in this fashion we not only obtain information relating to the community of greater statistical validity than the "open" screening clinics, we in addition begin to perceive that the invited non-attenders not only assume a greater importance but become susceptible of closer study. As health planners we are interested in hidden needs and in potential demand not forthcoming. As health educationalists we are intensely interested in the "misses" as well as the "hits".

I have not lost sight of the fact that the existence of a replacement Health Centre serving some 17,000 patients, placed in continuity or proximity to all the agencies of the City Health Department can be an invaluable crucible in which to study the community.

Future Role of the Community Physician and Matters for Thought

Ontologically speaking, the Community Physician does not exist. Indeed, some of my more short-sighted colleagues have difficulty in discerning through which clinic door he is passing — infertility, family planning or merely abortion.

It is, of course, futile to consider his role as being a shadow of the M.O.H. ; he is a spirit that must be clothed with corporeal form.

Some of us who received stimulus from working closely with elected members will have some regret in leaving the local authority pastures for more manured fields. This is especially so as the authorities we leave will virtually disappear as administrative entities. In some sense we are

"wandering between two worlds, one dead
The other powerless to be born".

On the part of some there is still a yearning for statutory appointments, rigid designations, functions mandatory rather than advisory etc. Now if, without these, we cannot engage attention for our professional advice, we had better consign our diplomas to the dustbins and ourselves to the desert places. M.O.H.s, of all people, ought to be the first to realise that the days have passed when a medical qualification gave the divine right and privilege to know everything.

Leaving aside the composite administrative role before us, the building up of new and special relationships, the interdigitation of functions and, let's frankly face it, the dedigitalization so much needed ; leaving aside health education, health care, health counselling, the delivery of health information (one foresees the need for a whole range of informative points, personal, impersonal, telephonic — different health information being placed on tap by different means, some yet unexplored) ; leaving aside the health maintenance services, the stay well clinics — geriatric, child development, assessment clinics, obesity clinics, etc., etc. ; leaving aside all these there remains a planning function that we have never had, but which someone must most certainly have, as it is fundamental to the economy of the health services and central to health maintenance, this is the question — How are we in the future to develop new systems of delivering medical care ?

Here we have a national health system where the attempt is to eliminate the fee as the regulatory function of medical care, where rationing of medical services is not by cost.

Here we have the situation where as Professor Titmuss says

“The advertising of drugs, the prestige of science in medicine : the use of television and radio for ‘health education’ ; the spread of middle class attitudes and patterns of behaviour ; and a long public health campaign for early detection and prevention of disease, all evoke a more questioning attitude. That is the aim of health education ; to make people think about health and disease in a positive way rather than to submit to life ‘as it happens’ ”. (*Essays on the Welfare State*, 1958).

Here, too, we seem to be entering that infinite regress where the mounting costs of the N.H.S. march alongside the seeming everlasting increase of medical needs and health demands (as so pessimistically outlined by Dr. Ffrangcon Roberts in the “Cost of Health” in 1952). The increase in demand appears never to be commensurate with the increase of facilities. (There are now is practically every sphere more health and medical workers per population than there have ever been.)

The present impasse is a serious one as it tempts some to cry for the return of the Fee (but remember Belloc — “They answered when they took their fees, there is no cure for this disease”) and some to devise Health Taxes of the Gilbertian sort and with object all sublime (taxes on cigarettes to pay for cancer care, on drink for alcoholism, on sex for family planning)

It is therefore instructive to hear what the organizers of the large and pre-eminent successful Kaiser-Permanente group for private pre-paid medical care (operating in the U.S.A. since World War II) has to say.

“Elimination of the fee has always been a must in our thinking, since it is a barrier to early entry into sick care. Early entry is essential for early treatment and for preventing serious illness and complications. Only after years of costly experience did we discover that the elimination of the fee is practically as much of a barrier to early sick care as the fee itself. The reason is that when we removed the fee, we removed the regulator of flow into the system and put nothing in its place. The result is an uncontrolled flood of well, worried-well, early-sick and sick people into our point of entry — the doctor's appointment — on a first come, first served basis that

has little relation to priority of need. The impact of this demand overloads the system and, since the well and worried-well people are a considerable proportion of our entry mix, the usurping of available doctor's time by health people actually interferes with the care of the sick.

The obvious solution is to find a new regulator to replace the eliminated fee at the point of entry, one that is more sensitive to real medical need than to ability to pay and that can help to separate the well from the sick and establish entry priorities for the sick. The system that has been developed, which is variously called multiphasic screening, health evaluation or simply health testing, promises to solve the problem of a new regulator of flow into our medical-care delivery system."

I have talked of health screening and community sampling. Disparagingly because it is without true Zweckdenken. Disparagingly, because it is not integrated in the system. Sadly, because it is not possible at all as things are at present.

The National Health Service was called into existence to meet unmet need and to spread services (evenly and equally) throughout the country and throughout the community. This is still the ethos of the service. But there are the difficulties mentioned ; the services are spread in a reasonable equitable fashion but gradations of need and criteria of need do not appear to operate as true regulators. Only by some such system as has been outlined above can the true need be met, remembering that true needs must include hidden needs and anticipated needs. The golden age of health education has not yet been reached : not everyone presents themselves to the health services early enough. Nor can health services be planned in what appears to be appearing at doctors' surgeries or out-patient clinics. Without analytical foresight and imaginative insights there are always too many beds, there are always too few workers, there is always too little money, there is always excessive and extraneous expenditure, there is always a Hospital Advisory service and there are always concatenations of P.Qs. In actual practice not only does the incidence of diseases decline, not only do fashions in treatment fade but the doctors who perpetuate both tend to retire. The innovators of 20 years ago are the backwoodsmen of today. Those who cry "nous avons chang   tout c  la", haven't, and there is nothing new under the sun but that it costs more.

These are the simple facts of health planning.

Family Planning. "It is in the interests of society to put the Pill into slot machines and to place cigarettes on prescription."

Dr. Malcolm Potts (Medical Secretary of the International Planned Parenthood Federation).

The pre-requisite of successful ante-natal clinics and healthy maternity services is a free and universal family planning advice to all who feel they need it. (Indeed, if we are to formulate a much needed population policy in this country, also to those who do not feel they need it.) Many of the social and health iniquities of the Abortions Act may be ameliorated by its means, but essentially it is the most powerful instrument of social policy and community engineering and the foundation of health and social services planning in the welfare state.

The Council must, I think, face the fact that they will need to include in its budget an ever-increasing sum not merely, mark you, to meet the demand (about $\frac{1}{3}$ of all couples) but to create it. Every abortion induced on social grounds, every problem family, every mentally subnormal mother, every schoolgirl mother, etc. etc., is a challenge to the service.

“It is more difficult to develop a city than to send a man to the moon”

Professor Colin Buchanan

I have always suggested in the previous Annual Reports that the M.O.H. rightly should be, and actually is, intensely interested in urban development. The City is now going through a considerable transition due to the major schemes of central development and to the large scale trunk road building on and around its borders. The 1969 Housing Act gave the Health Department the opportunity to be amongst the first in the field to embark on a General Improvement Area in the Tredworth Area. This new trend in urban renewal will follow the pilot scheme which was initiated several years ago in the Melbourne Street General Improvement Area and will, we all hope, be the first of several in the City. Like all that happens in local government, the plan entails the bringing together of many professional disciplines and the co-operation of several departments. The Health Inspectorate clear the area of unfit properties to allow for the dove-tailing of environmental amenities. They then survey the housing and industry of the area and assess the needs for repair and the potentials for adaptation and improvement and are, as well, responsible for the collection and collation of data of use to the town planners. Above all, the Health Inspector must be considered in the role of public relations man and educator. He is the man on the ground, slogging through the district meeting the man in the street and the women in the home, answering their questions, discussing their anxieties — not always the easiest of tasks, the public being what it is when face to face with an “official” and the official being what he is, a servant of a committee whose resolutions he cannot take for granted.

Envoi

“For my own part”, said Lady Chettam, “I like a medical man more on a footing with the servants ; they are all the cleverer.”

(*Middlemarch* : George Elliot)

As Community Physicians, the M.O.H.s will, I have no doubt, be as devoted public servants as before and probably twice as clever. Providing, that is to say, they do not allow their brains to go to their heads.

P. T. REGESTER,
Medical Officer of Health.

SECTION A

NATIONAL HEALTH SERVICE ACT, 1946

Dental Service—Expectant and Nursing Mothers and Children under 5

Report by the Principal Dental Officer.

The year 1969 has been a year of change for the City Dental Service but on the whole the treatment trends for these two classes of patients has remained the same.

The work carried out for the under five's has been very similar to 1968 though the number of extractions has risen. This is a sad comment on the number of toddlers who have already developed dental decay. Mothers are encouraged to bring children from an early age for inspection and everything that can be done to reach this group of children should be done in the hope that their first dental experiences are not of an unpleasant nature.

In this connection it should be mentioned that the Fluoridation Research Committee reported during the year following eleven years fluoridation in the study areas of England and Wales and quite conclusively endorsed both the safety and effectiveness of adjusting the fluoride content of the water. If this public health measure was put into practice there is no doubt that this group of the population would benefit greatly.

The number of mothers attending for treatment fell during the year but it was heartening to note an increase in conservative treatment and a fall in the number of extractions.

Each mother attending the Charles Cookson Clinic has the importance of dental care brought to her notice coupled with an offer of treatment should she so wish.

Domiciliary Midwifery

Report by Chief Nursing Officer.

Gloucester District Nursing Society continues to provide the midwifery services on an agency basis and is the Part II Midwifery Training School.

The number of home confinements has remained fairly constant over the last year. General Practitioner unit deliveries and early hospital discharges have risen with a consequent increase in midwifery visits.

There have been few staff changes this year, therefore recruiting has not been difficult.

The required number of home confinements for pupil midwives has been made more flexible thus easing the training situation. The Training School continues to be successful.

Health Visiting

Report by Chief Nursing Officer.

The year has been an exceedingly busy one for the Health Visitors. Nevertheless every aspect of health visiting has been more than adequately covered.

There is a national shortage of health visitors and vacancies have not been filled. Staff retirements have not helped the situation. The employment of additional school nurses to assist with the routine work of the school health service has relieved health visitors of duties not requiring their special skills.

The Charles Cookson Clinic provides ante and post natal care and classes in preparation for child birth. The co-operation of Hospital, Domiciliary and Local Authority staff ensures the availability of expert care of the expectant mother. The growing demand for information on matters relating to health, affords staff ample opportunities for health education in the home, school and the community.

A variety of students continue to visit the Department and we welcome the opportunity of giving them an insight into our work.

It is hoped in the near future to further the attachment of health visitors to general practitioner group practices.

Home Nursing

Report by the Chief Nursing Officer.

The Home Nursing Service is provided by Gloucester District Nursing Society on an agency basis.

There is little change in the volume of work undertaken ; but with an increasing number of student and pupil hospital nurses needing experience in community care, the nursing staff are required to include practical teaching within their daily work pattern.

The Severn Valley Training School for District Nursing has proved a successful venture. All student district nurses passed the National Certificate in District Nursing.

Recruitment presents no difficulty and staff changes have been few during the year.

The chiropody service is still in great demand by the elderly and house-bound.

Ambulance Service

Report of the Chief Ambulance Officer.

It will be seen in the Statistical section that there has again been an increase both in cases carried and mileage covered. This despite the fact that for most of the year, no transport facilities were required for the blind. There was an increase in Accident and Emergency cases carried of some 8%, and this of course puts a considerable strain on the service. The new Golden Valley By-Pass was opened during the year, and the section of the M5 Motorway that will be covered by this Service is due to open in May 1971. With the increase in this high speed road system, the need for an efficient Emergency Ambulance Service becomes a very high priority, and it is probable that consideration will have to be given to expanding both the staff and vehicle establishments.

More talks on the work have been given, with a corresponding increase in the number of visits to the Ambulance Station. These talks and visits have provided excellent opportunities over the years to stress the prevalence and easy avoidance of Home Accidents. It is gratifying to note that the number of accidents in the home has shown a continual decrease, and it may be that the propaganda given by the various agencies is beginning to pay off.

It remains a source of disquiet that the measures taken to warn drivers of the increase in road accidents do not seem to be heeded. I think it is generally accepted that the majority of road accidents are caused by thoughtlessness and a general lack of courtesy. How pleasurable driving could be, and how safe, if all drivers displayed the same courtesy whilst driving a vehicle as it is assumed they do at other times.

The Hospital Car Service, with its Organiser, Mrs. D. H. Hough and the British Red Cross Society Escort, Mrs. A. M. Northfield, have continued to provide the usual excellent service one has come to rely on. Without their valuable assistance, the Ambulance Service would be very hard pressed.

Health Education

Report by Health Education Officer.

During the year there has been a widening of the scope of the work.

Junior Schools

A series of talks on Health was given in each of three schools, as it is advisable to incorporate sex education into a general programme on health, rather than to treat it in isolation. With the forthcoming I.T.A. and B.B.C. programmes on sex education for juniors, there will possibly be an increase this year in requests for these talks.

Senior Schools

In May, we offered to all Senior Schools a series of talks on "Personal Responsibility" and received requests for some form of Health Education in twelve schools. Subjects covered were varied but in most schools included talks on sexual responsibility. A total of ninety talks was given.

Parent Teacher Associations

A result of the talks to school children has been five requests to talk to Parent Teacher Associations, about Health Education for children, with particular reference to Sex Education.

Adult Groups

We are now reaching a wider audience and talks are given not only to women's organisations, but to Retirement and Old People's Clubs and to an increasing number of Youth Organisations.

In October, we had a request for help with young offenders who are in Gloucester Prison, awaiting transfer to Borstals and Approved Schools. This has resulted in visits to the Prison approximately once every three weeks. It has proved one of the most rewarding aspects of Health Education during

the year. The meetings are conducted as Group Discussions, with some ten boys taking part. The boys show a keen interest in many subjects related to health and it is hoped that the community will benefit in the future.

Training

With the opening of the Severn Valley Training Scheme for District Nurses and the continuation of lectures to pupil midwives, student nurses and ambulance personnel, there has been a further increase in this work. A total of 43 sessions was spent, mainly on lectures.

Display

For the first time a float was entered in the Gloucester Carnival, followed by a display in the Ideal Home Exhibition, each on the theme of Smoking and Health. Both float and stand aroused a fair amount of interest.

During the year, several displays have been mounted at Rikenel on many aspects of health, including Holiday Health, the work of the Health Department and Home Safety. There is difficulty in producing displays, due to lack of work shop facilities.

Health Education is concerned with changing attitudes. Such change, we hope, will result in decisions leading to a healthier way of life. There is no shortage of information about health, yet we continue to smoke and over-eat and to neglect to take advantage of facilities such as cervical cytology and immunisations. We are using a variety of methods in an attempt to improve the situation.

Home Help Service

Report by the Home Help Organiser.

The statistics shown later in the report show that there has only been a small increase in the number of cases receiving help during the year, some 2%. The resources available to the Service were increased in excess of this percentage, and opportunity was again taken to increase the amount of help given to individual cases where the need was indicated.

Difficulties are still being experienced in the recruitment of suitable Home Helps, but it is pleasing to report that in the areas mentioned in last year's report as being difficult to staff, the position has to some extent resolved itself.

It is hoped to commence a more comprehensive training scheme for Home Helps next year, and provision has been made for this in the Estimates.

"Dirty" cases have given some difficulty during the year. It is a matter for regret that the Good Neighbour Scheme did not materialise, as then the Department would probably have been informed before matters became quite so acute.

I feel that the time is opportune to thank all the Home Helps for the work they have done over the years, some of it not too pleasant. It is comparatively rare for a Home Help to complain about anything they are asked to do, and on my own and Miss Neal's behalf, I must thank them for their loyalty and hard work.

Mental Health Act, 1959

Report by the Psychiatric Social Worker.

The past year has been remarkable for the sudden and, to some extent, inexplicable increase in all aspects of our work.

The number of cases referred, especially from general practitioners and other social work agencies has soared, so that our individual caseloads are almost twice those of 1968.

Even more spectacular is the increase in the number of statutory admissions to the local psychiatric hospital. These figures, which are quoted elsewhere, show a rise of 78% over 1968.

A good proportion of these compulsory admissions under the relevant sections of the Mental Health Act of 1959 were out of office hours — at night, or during the weekends. Consequently the mental welfare officers, both full and part time, have been under very great pressure as a result.

Luckily we have been helped to some extent by being able to delegate some of the work of a more practical nature to the trainee social workers currently placed within the Department.

The trainee scheme, begun last year, is therefore proving its validity both ways and taking some pressure from the staff, and giving excellent supervised experience for the young entrants. Both of the trainees are currently applying for places on the 1970 Certificate of Social Work courses and we wish them every success. Two further trainees have been appointed to provide continuity.

Because of our full preoccupation with pressure of work it has not been possible to extend our activities to any experimental or other projects. The Social Club remains defunct and the hoped-for extension of the hostel experiment has not so far materialised.

These, and other ideas for the broadening of the scope of preventive services will have to be postponed until such time as an increase in staff makes them possible.

Junior Training Centre, Longford

Report by Headmaster.

It is probable that within the next year responsibility for Junior Training Centres will be formally transferred to Education Departments. This will make little difference to the arrangements at Longford where internally the Junior Training Centre has, from its opening, been regarded as part of the School and the children as having very special learning difficulties.

The general educational approach has been touched upon in previous reports and this year has continued on similar lines, emphasis perhaps having been placed on language development. Language is a crucial factor in the social and intellectual development of all children and as this is particularly so in the case of S.S.N. children the teachers have expended much thought and used considerable ingenuity in endeavouring to help the children in this respect. Although it is vital that S.S.N. children should be encouraged to

talk as freely as possible about the things that interest them and the stimulating experiences that Centres provide, it has been found at Longford that short structured language sessions for children over about eight years are also very important in developing competence in oral expression.

The children, in class groups, have enjoyed various outings during the year. A party of older children were taken Youth Hostelling for a week in Devon and eighteen younger ones camped out for varying periods locally. It is expected that there will be an increase in this type of activity as the School now has the use of a new minibus provided by the Gloucester Society for Mentally Handicapped Children.

Close association with parents has continued. There has always been an excellent response to invitations to Parent/Teacher consultation evenings and many parents call to discuss their children with the Headmaster or Head of the Junior Training Centre. A short course for Parents of Handicapped Children was organised in the School under the auspices of the University of Bristol Extra Mural Department and a number of Parents of S.S.N. children attended.

In April, 1969 Mr. E. R. Ineson, Head of the Training Centre, was promoted to the Deputy Headship of the School and was replaced by Mr J. Morton. Two other Staff changes occurred during the year ; the appointment of Mr. Vicary a qualified teacher in place of Mrs. Ridout who returned to Infant Teaching and of Miss J. Greenwood, Nursery Assistant, in place of Mrs. Ryman.

Adult Training Centre

Report by the Supervisor.

The number of Trainees is now at 50. Young people leaving the Centre were as follows :—

- 2 Deaths
- 2 Trainees attending Part-time.
- 2 Trainees into employment.

Sub-contract work is being carried out for the following firms :—

Vibixa Ltd., Middleton Plastics., Harmer Co., Fowler & Son., Savoury & Son., Whitecroft/Scovill., Marco Rubber Co., I.C.I. Fibres, Gordon Johnson Stephens. The contracts with these firms include Packing Nuts & Bolts, packing mobile advertisements, Reclamation of metal, Bottle labelling, Packing Balloons, Making cardboard boxes, Firewood, Packing Safety Pins.

The Laundry unit is still working to the full capacity of its size here. Our Duplicating unit is not getting the work it could cope with.

Due to the small confine of workshops we are still unable to use Wood-work to the full potential.

We were all very sorry indeed to hear of the death of two of the Trainees.

Social activities

The Centre was unable to have its usual Carol service this year owing to illness at Christmas time, and for the same reason our Christmas Party was delayed until January. However, everyone had a very good time.

We are now attending the Oakbank School swimming pool for instruction, and progress has been made with several of the Trainees.

The Thursday evening Social Club is still very well attended, and we are extremely grateful for the help we receive with this venture.

The Trainees had an outing to Bristol Pantomime and once again thoroughly enjoyed it.

We are planning to visit North Wales again this year, for the weeks holiday this is always a great success, we are hoping to take the coach again for the full week, which is of enormous value whilst in residence, for day tours. The new Centre is well under way and we are looking forward to moving in the very near future.

Report by Michael Taylor, Social Worker (Addictions).

The volume of work has again increased during the year. Referrals have come from the courts, the prison, general practitioners, other social work agencies, alcoholics and drug addicts and their families. The total number of such referrals during the year amounted to 203 alcoholics and 83 drug addicts. The figures relate not only to the City but also to referrals in the County. It will be appreciated that the case load has now reached an extremely high level and is fast approaching an unacceptable level for a single-handed social worker.

I am very pleased to report on the extremely close co-operation I have received from Dr. John Owens and Dr. Eleanor Ralston and their staffs at All Saints' Hospital, Birmingham, and St. George's Hospital, Stafford.

It has often been said that alcoholism and drug addiction in any particular area is minimal and that any cases coming to the knowledge of the Health Department can be adequately dealt with by the Mental Health Service. It has even been said that Gloucester must have a high proportion of inebriates to warrant a social worker to deal with them specifically. Neither of these assumptions is true. Addictions of any kind are like the proverbial iceberg ; only a tenth is visible above the surface. All the alcoholics and drug addicts who do not come to the notice of the police or the courts need just as much help as those who do. It is therefore vitally important that they have someone they can come to with their problems and this is the value of the service provided in Gloucester.

I feel I must reiterate the statement of the World Health Organisation, that alcoholism is the fourth major cause of early death. With the upsurge in recent years of drug addiction, I wonder if in the future this will oust alcoholism from this dubious distinction ?

SECTION B—INFECTIOUS DISEASES
Number of Notifications of Infectious Diseases, 1955–1969

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Scarlet Fever	55	50	28	46	77	21	4	8	8	26	25	25	20	15	28
Whooping Cough	74	124	129	179	61	48	12	17	60	34	43	67	41	49	3
Acute Poliomyelitis :—															
Paralytic	9	—	5	—	—	—	1	1	—	—	—	—	—	—	—
Non Paralytic	4	—	1	—	2	—	—	—	—	—	—	—	—	—	—
Measles	632	527	879	349	964	203	803	454	627	141	852	174	231	1072	77
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	3	6	1	11	17	3	1	4	7	3	3	6	1	23	24
Meningococcal Infections	—	1	4	2	2	1	—	1	—	1	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis :—															
Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Post-Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	3	1	3	3	2	7	13	1	1	1	1	2	7	14	7
Tuberculosis :—															
Respiratory	60	79	55	58	38	49	25	21	28	24	25	18	15	11	17
Meninges and C.N.S.	—	—	1	1	1	—	—	—	—	—	—	—	—	—	1
Other	9	20	6	7	7	5	5	2	1	7	5	8	2	1	3
Ophthalmia Neonatorum	4	—	3	—	—	—	—	—	—	—	—	1	1	3	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infectious Jaundice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	83

Report by the Chest physician.

In 1969, 22 new cases of tuberculosis were notified in the City, and all were handled by the Chest Clinic service. They are analysed as follows :—

Abdominal Orthopaedic and Cervical glands	Primary or post-primary infection	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis
3	3	3	10	3

10 of the cases were referred from general practitioners, 5 from other hospital departments, 1 was a relapsed case found on routine follow-up, and 6 were picked up by the Mass Radiography Unit.

5 of the 22 were immigrants ; 3 from India, 1 from Jamaica, and 1 patient who came from the Ukraine during, or just after, the War.

The Register of persons notified as suffering from respiratory tuberculosis in Gloucester now stands at 248.

There are 51 cases of non-respiratory tuberculosis : 20 men, 29 women and 2 children.

CONTACT EXAMINATION

Arising out of these notifications a total of 195 contacts were called for examination and 143 attended, a response of 73%.

Of those who attended 70 were children, of whom 48 were B.C.G. vaccinated, 12 were tuberculin positive, clinically well, 6 had previously had B.C.G. either at school or as contacts of another case, 3 were tuberculin negative but were not B.C.G. vaccinated, and 1 was already attending the Chest Clinic as an observation case.

No case of significance was found as a result of these examinations.

Venereal Disease—Report by Consultant Venereologist.

In contrast to a very marked increase in the incidence of venereal disease in the country as a whole in 1969, the increase in the number of Gloucester city residents was not great.

TABLE 1

NEW CASES GLOUCESTER CITY RESIDENTS 1964-69

Year	New Cases
1964	157
1965	162
1966	172
1967	230
1968	213
1969	238

Syphilis.

No cases of early, infectious, syphilis were seen in city residents during the year.

Gonorrhoea.

The number of city residents requiring treatment for gonorrhoea rose from 70 in 1968 to 86 in 1969, a moderate rise in comparison with that occurring in the country as a whole.

New cases—1965-1969.

Year	New Cases
1965	162
1966	172
1967	230
1968	213
1969	239

Analysis of new cases seen during the year :—

Syphilis, primary and secondary	..	..	..	..	—
Syphilis, other	..	..	..	..	6
Gonorrhoea	..	..	..	..	86
Other Venereal Conditions	..	..	..	..	147

SECTION C

NATIONAL ASSISTANCE ACT, 1948

Report by the Welfare Officer for the Physically Handicapped.

With increasing public awareness of facilities available requests from both old and new cases came in steadily throughout the year. By far the most frequent were for either Aids or Home Adaptations. There were also the usual requests for help with bedding and clothing some of which were met by grants and others through the W.R.V.S.

There were 50 NEW CASES divided into the following categories :—

Amputation 4, Arthritis 19, Diseases of Digestive System, Chest, Heart and Respiratory System 9, Injuries of Head, Limbs, Trunk, Spine or Diseases of same 4, Organic Nervous Diseases 13, Other Diseases 1.

After removing names of those who have died or moved this leaves a total on the Register of 306. With this Caseload it is not possible to maintain contact with everyone. Luckily quite a number do not wish to be visited once they have been supplied with the Aids they require. Some are working whilst at the other end of the scale District Nurses are attending them making other supervision unnecessary. However, through the Social Club, Workshop and the Home Occupational Therapist's visits together with the visits made by the Welfare Officer contact is maintained with nearly two-thirds. When the Welfare Officer visits a New Case they are always given her card and told to contact her or the Health Department if they want further help and they do this very readily.

Financial Grants were a little higher totalling £111 18s. 9d. and were made to ten people. Four came from the Red Cross Welfare Fund and the others from other Funds and covered such items as Household Linen, Clothes for children, Connection Fee to the Link T.V. and two individual holidays.

Handicraft Instruction continued with the Instructor in charge of the Workshop and the part-time Occupational Therapist doing the domiciliary visits. Attendance at the Workshop undoubtedly improves the morale of those attending and in a number of cases is actually relieving strain in family relationships.

Two major Handicraft Sales were held, at the Red Cross Annual General Meeting in May and in the Exhibition Shop, Eastgate Market in November as well as at some small gatherings. The Red Cross Members' Group at Stow-on-the-Wold sold another £12 worth of our goods and with other individual items our **Sales Total is £95 6s. 3d.**

The Group Holiday for the Disabled was again at the Westward Ho ! Holiday Centre and very successful. Including helpers the party numbered 52. Unfortunately one of the disabled was taken seriously ill on arrival and although there was some improvement during the week she had to be left in hospital when the party returned as she was not fit to undertake the journey. A man was quite ill during one night and required a nightnurse and as we had not our full quota of helpers it made quite a hard week for them.

The Good Companions Social Club had a good year with a very successful Outing in June to the Afon Lido, Port Talbot. It was a beautiful day and some of the disabled were able to paddle on the beautiful sandy beach. The outward trip was by the Severn Bridge and we returned through the Vale of Neath and the Heads of the Valley road. The Christmas Party was held on 1st December and we were very pleased to have the Mayoress with us. The Christmas cake was made and iced by one of the Red Cross Cadets.

Transport by Ambulance and H.C.S. to the Workshop and Club has continued to limit the number who can take advantage of these facilities. In the case of the hydraulic lift ambulance it is not only the question of existing and new cases but the additional factor that cases who start by using a Hospital Car sometimes deteriorate to the point where they have to come in their wheelchair which means the ambulance so that the pressure in this section is constantly increasing.

Aids, Appliances and Adaptations are in continuous demand. The most usual requests are for Bathing Aids, Rails and Raised Seats in the W.C., Ramps, gadgets for putting on stockings and the Helping Hand.

The Exhibition of Aids in Eastgate Market during "Help the Disabled Week" mounted by the Health Department stimulated interest amongst the public as well as being visited by a number of disabled people or their relatives. The Red Cross sent a number of their gadgets to this exhibition and also helped to staff it.

At Christmas 133 Food Parcels were sent out to disabled people together with 27 parcels for Children either disabled or where the parents were ill. The basic ingredients — tea, sugar and biscuits were bought from our Welfare Fund and the plum puddings and other extras were donated by Women's organisations in the City,

As usual our Cadets helped by packing the parcels. They really enjoy this and say that it gives them a real feeling of Christmas.

Analysis of Physically Handicapped Register.

Major handicaps	Age Under 16	Age 16-29	Age 30-49	Age 50-64	Age 65 or over	Total
Amputation	—	—	3	11	8	22
Arthritis or rheumatism	—	2	7	29	47	85
Congenital malformations of deformities	2	1	—	3	3	9
Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	—	4	7	11	8	30
Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	—	4	7	7	8	26
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	8	9	28	49	23	117
Neuroses, psychoses, and other nervous and mental disorders not included in line 6	—	—	1	1	—	2
Tuberculosis (respiratory)	—	—	—	—	—	—
Tuberculosis (non-respiratory)	—	2	6	—	—	8
Diseases and injuries not specified above	—	1	2	3	1	7
TOTAL	10	23	60	114	99	306

Prospect Works—Sheltered Workshop

Report by the Manager.

1969 was a year of expansion at Prospect Works. The number of Section II Disabled was increased from 28 to 42 persons.

I believe a partial containment of rising costs is a credit to a Sheltered Workshop when looked at against a background of a rise of 8% in Index of Retail Prices.

The inflatory tendencies strikes Sheltered Workshops particularly hard since the productivity of its employees is lower than that of fit labour. If Sheltered Workshops such as Prospect Works did not exist, the burden of

benefits and allowances to the unemployed disabled, together with the loss of income to the Public funds in the form of direct and indirect Taxes i.e. Purchase Tax, Income Tax and National Insurance contributions would be more than the cost required to keep employees in useful work.

When studying a Balance Sheet of Profit & Loss Account I feel sure we should constantly remind ourselves that we are dealing, not only with tangible assets or liabilities, but with the lives and happiness of human beings.

It must be recorded that "Remploy" in its memorandum of Association drawn up in 1945 records, that the main object is to provide facilities for the employment in Gt. Britain of persons who are handicapped by disablement and by reason of the nature or severity of their disablement are unlikely to be able otherwise to obtain employment.

As we look back over 1969 which has been for us and indeed for most Industrial concerns in the Gloucester area a difficult one, we realise to the full how much we owe to the determination and support which we have had from everyone in the workshop.

We are constantly confronted by the necessity of undertaking new ventures to maintain the volume of business needed to support our targets for disabled employment as this calls for great effort and concentration by all concerned. In undertaking these new ventures we attempt to move with changing materials and methods. This past year has seen this workshop commence work on Fibre Glass products and other Plastics.

The Sales value of products was approx. £12,000 averaging a little over £350 per person employed.

Two female and one male employee had their employment terminated for Medical reasons ; one male employee died during this year, one male and one female employee resigned and commenced work in open industry.

Absenteeism because of sickness has averaged 16% during the year varying between 3% and a peak of 47%.

Certain industries in Gloucester during the first few months of 1969 suffered with partially filled order books and this made work difficult to obtain. With the improvement in the economic position later in the year work was easier to obtain and in the Engineering Section it had to be refused.

Prospect Works was asked to supply inside fittings and furniture for the new Health Offices, this was successfully completed. A large quantity of Medical Aids have been manufactured and supplied to assist disabled persons in their homes.

New firms to whom we now supply work are Bryce Berger Ltd., Simon Barron Ltd., Balfour Beatty Ltd., Gloucester, Stroud & Forest Hospital Management Committee, Listers Ltd., Star Centre for Youth & T. Wall & Son (Ice Cream) Ltd.

I must express our thanks to our customers for their continued support and confidence.

The following machinery was acquired during 1969 and adds to the production of the Workshop :—

- 1—Herbert 2D Capstan Lathe.
- 1—Slotting Mill.
- 1—Berry Centre Lathe.
- 1—Wolf Grinderette.
- 1— $\frac{1}{2}$ " Bench Drill.
- 1— $\frac{3}{4}$ " Pillar Drill.

Noticeable amongst views expressed is the growing awareness that it is not enough to fight disability itself. Equally important is the need to combat the prejudice which so often marks the disabled as second-class citizens. It is more and more appreciated that they do not want charity or pity but an equal opportunity to prove useful to the community.

Report by Social Worker for the Blind.

1969 saw the completion of our Social Centre and after months of anticipation we were able to move in at the beginning of June. After necessary reorganisation we soon settled down. The new Centre is delightful, and in the main convenient and well equipped to meet the particular needs of visually handicapped clients.

Blind and partially sighted helpers look after the Market stall on two Tuesdays each month. They work on a rota and are completely reliable.

£65 was raised at our Annual Bazaar on 15th November.

Seven handicraft workers from Gloucester won prizes in the Bristol Show held on August 19th.

The Gloucester Voluntary Association for the Blind, organised a social gathering on the third Thursday in each month.

During the year under review, the atmosphere of proposed changes in our Social Services became more acutely felt. We would not attempt to resist the changes which are imminent, and essential for the good of the community.

Even among the elderly, basic needs of the blind change very little. There is always the need for Social Rehabilitation and Mobility training in the area. People do not, and cannot leave home to attend one of the rehabilitation courses. A certain amount of this work is being carried out at our own Centre.

In an atmosphere of progressive change, accepting that the spirit behind the changes is rightly motivated, it is up to those of us who have special knowledge and experience to make sure that whatever innovations are made fulfil the needs of the particular group with whom we are concerned.

As revealed by the statistical return, the number of registered blind people in the City of Gloucester was 179 on 31st December, 1969 — an increase of 1 over the previous year, and an increase of 8 since 1960. Of the 20 newly-registered cases 16 were over the age of 65.

13 new cases were referred by the Ministry of Health and Social Security 4 came from medical sources, and 3 discovered by accident.

Doubly handicapped numbered 65. This number included 20 physically handicapped, 4 deaf with speech, and 20 hard of hearing. There were 6 members of St. Dunstan's organisation.

The number of registered Disabled in full-time employment was 20 as follows :—

- 1 Home Worker. (Music Teacher).
- 2 Typists.
- 1 Physiotherapist.
- 4 Telephonists.
- 1 Viewer Inspector.
- 1 Packer. (7 M.U.).
- 8 Factory Workers.
- 2 In other employment. (Open).

One young man was training for Sheltered employment at the Plymouth Workshops for the Blind.

As far as is known, there are very few lonely blind people in the City. Voluntary visitors are doing a good job in relieving us of a certain amount of unnecessary routine visiting. Our Voluntary Society for the Blind made an attempt to introduce a visiting scheme, but this did not materialise so we have to enlist the help of other organisations.

Although the "Good Neighbour" scheme was not considered completely satisfactory, our clients are particularly fortunate for in many cases there are at least two good neighbours. There seems to be a shortage of available neighbours on private housing estates. One assumes that in many cases they have to go out to work.

The National Library for the Blind and the British Talking Book Library continued to provide excellent service for members, but in many instances there has been trouble with machines fitted with the new adaptor.

Again, we are grateful to our Voluntary Society who took a group of blind people on a fortnight's holiday which was thoroughly enjoyed. Holiday accommodation was also booked for individual clients who stayed at hotels in various parts of the country. The holiday hotels run by the London Association for the Blind are considered the best in the country and have become very popular with some of our people.

It is good to note that the two guide dogs in the City are working well with their owners and have become indispensable.

In early September a boy of 8 was accepted at the Lickey Grange School for the Blind near Bromsgrove. He seems to be doing well.

I would like to acknowledge the valuable help received from various charities. These include London Association for the Blind, Blind Man's Friend, Royal Blind Pension Society, and the Gloucester Voluntary Association for the Blind.

I would also specially mention the following organisations who, throughout the year were always so willing to help ; The Lions Club, Rotary Club, Toc H. Women's Institutes, Glosaid, The Head Postmaster, Telephone Manager and his staff, Public Library, and others too numerous to mention.

THE PARTIALLY SIGHTED

We are sometimes told by ophthalmic specialists that "Partial Sight" has no exact meaning. It excludes both total blindness and normal vision, but still leaves a wide range of disability. Furthermore, the more severe of these various degrees of partial sight are not necessarily stationary ; progressive deterioration is not uncommon particularly in the elderly.

On December 31st 1969 the number of partially sighted persons on our register was 40 ; an increase of 2 over the previous year. Exactly half the total number were over the age of 65. 3 children were attending special schools, and 1 at the King's School, Gloucester. A boy of 17 transferred from Exhall Grange to the Gloucester Technical College to obtain more A and O levels.

4 persons were engaged in full-time employment.

Except where help is needed with employment or other social problems, these clients need little help.

From time to time we are called upon to give advice on the large type books and papers designed for partially sighted people. Many enquiries were answered regarding the procedure to be followed when applying for tests for Low Visual Aids.

As in previous years, each partially sighted person is treated as an individual and helped according to his particular needs.

MEDICAL EXAMINATIONS OF CORPORATION STAFF ETC.

Airport	1
Baths Department	4
Cemeteries	1
Childrens Department	14
City Architect's Department	10
City Surveyor's Department	7
City Treasurer's Department	12
Education Department	49
Fire Service	3
Health Department	15
Housing Department	4
Libraries	4
North West Gloucestershire Water Board	39
Parks Department	5
Teacher Training College Entrants	79
Town Clerk's Department	6
Weights and Measures Department	1
Welfare Department	16
Others	6
TOTAL	276

SECTION D

ENVIRONMENTAL HEALTH

Drainage.

Report by the City Surveyor and Engineer.

The Gloucester Main Drainage scheme is now providing a satisfactory network of sewers for the greater part of the City which drains to the Sewerage works at Netheridge. A similar system is in existence for the extended City area (Barnwood, Hucclecote and Longford) which drains to the R.D.C. Sewerage Works. It is intended to pump sewage from the area of Longford within the City back to the City system.

The Hempsted area at present drains direct to the River and plans are being prepared for the diversion of this flow also to the City sewage works. Investigations are proceeding for the provision of further drainage facilities to deal with the extended City area to the East.

Following extra development, consideration is being given to carrying out extensions to the sewage works in the near future.

Water Supply.

Report by C. G. Whiting, B.Sc., C.Eng., M.I.C.E., M.I.W.E., M.B.I.M., Engineer, North West Gloucestershire Water Board.

1(a) The water supply in the area has been satisfactory in chemical and bacteriological quality.

1(b) Intermittent discoloration of the supply due to corrosion of distribution mains is being countered by an extensive programme of re-lining of trunk mains.

The problem of the intermittent discoloration due to deposited manganese is being resolved by the operation of a new biological process at source, whereby no manganese now passes to supply. Discoloration in supply should now become a diminishing nuisance.

1(c) The number of new houses connected to the Board's mains was 352 ; 2 existing houses were also connected. 53 domestic properties were disconnected from the mains.

1(d) At no source does the fluoride content exceed 0.25 mg/l.

2(a) Bacteriological examinations are made of the raw and final waters from all sources which supply the City.

A summary of the examinations is as follows :—

SOURCE	RAW WATER			FINAL WATER		
	No.	Satis- factory	Unsatisfactory or doubtful	No.	Satis- factory	Unsatisfactory or doubtful
Newent	20	20	0	20	20	0
Ketford	71	61	10	25	25	0
Witcombe	38	2	36	66	37	29*
Tewkesbury	196	0	196	1727	1700	27

*27 samples of filtered water, pre-sterilisation.

Additionally, 130 samples were taken from consumers' premises, within the City. 10 were regarded as "doubtful" but all cleared on re-examination.

Chemical analyses have been submitted to the M.O.H. as routine.

2(b) No plumbo-solvent action is attached to the various supplies.

Sanitary Conditions of the Area.

Report by the Chief Public Health Inspector.

This year shows for the first time for a number of years, a slight decrease in our meat inspection figures. This was accounted for partly by the closing of one of the licensed slaughterhouses within the City, but mainly to the economic and depleting effect of the major foot and mouth outbreak which this country experienced. It is with a sense of loss that I mention the closure of the Gloucester and Severnside Co-operative Society's slaughterhouse at India Road, Gloucester, where for many years we have had a most happy relationship with both management and staff.

Within the year the Housing Act, 1969 was added to the legislation concerning housing. There are now four main Housing Acts, 1957, 1961, 1964 and 1969 and also the Rent Act 1968 which are our concern within the Health Department. This mass of legislation does not make administration logical and sensible. We can only hope the time is not too far distant when all these Acts can be consolidated. The Government is anxious that premises which have a reasonable span of life are kept in a state of good repair and improved. The new Act does bring in fresh procedure for the improvement and repair of privately rented houses. This new procedure is designed so that privately rented houses can be improved and brought up to a good state of repair, and the owner to receive a "fair" rent after the execution of the works. It is too early yet to say whether owners will be stimulated to take advantage of the Act but the Department can only hope that they will.

The Act has also introduced the concept of General Improvement Areas within the same design of obtaining overall improvement of areas of dwellings (viz : Council, privately rented and owner occupied). The radical change on previous legislation is that in addition to encouraging the improvement of dwellings, the environment of the area itself will receive a face lift. The purpose of this is to give all owners the assurance and encouragement that the area has many future years and to give the actual residents of the area a new pride in their environment. I feel it will be generally agreed that the aims are laudable, but the whole success of the scheme will depend ultimately on the number of owners, (both owner/occupiers and owners of rented properties) improving their properties. The whole purpose of the Act is that the improvement to dwellings shall be voluntary with the inducement of grants, and in the case of rented dwellings, the fixing of "fair" rents.

The Act gives scope for help to be given in many directions and where it is necessary owners must take advantage of these powers. I am glad to say that the Council have taken an early initiative in declaring in December 1969, an area in Tredworth as our first General Improvement Area. I am confident that the Council will give the lead in carrying out the works

necessary to the improvement of the environment of any particular designated area. We must then hope that all owners will be encouraged to participate. It is to the benefit of all, Council, Residents and Owners, if these Areas prove to be really successful operations.

Co-operation is the keynote of this operation. Co-operation between the Departments within the Corporation. Co-operation between the Council and the owners and residents of the Area. Co-operation between owners and their tenants.

The lack of response by owners in the one Compulsory Improvement Area that was declared in the City was not encouraging, but as it adjoins the General Improvement Area, it may be that this will act as a spur.

Criticism has been voiced in connection with the time it takes between the declaration of a Clearance Area and the actual demolition of premises within the area. It has to be said that the time is lengthy but in these procedures no short cuts can be, or indeed, should be taken. Every owner must be given his right to object to the proposals and to have his objections considered at a Public Enquiry. The Ministry of Housing and Local Government must ensure that all the procedures have been properly followed and executed. Premises have to be purchased, and the appropriate compensations paid, once the Order has been confirmed. Last, but certainly not the least important, the occupants of the areas have to be re-housed. These procedures are time consuming but I think everybody will agree that it is important that they are meticulously followed.

In 1969 further provisions of the Clean Air Act 1968 came into force. To a great extent the provisions of the Act contained disappointments to the Department in its task of attempting to control indiscriminate emissions of dark smoke. The new provisions purported to give greater powers to this aim, but the list of exemptions, including burning of waste materials on demolition sites, does not give the Department any feeling of encouragement. Garden bonfires in many instances are another matter which give rise to concern, and, our powers over this nuisance are not effective. This is a province where neighbourly considerations must be exercised.

Notifications of rodent infestations from occupiers of premises show an increase over previous years. This is due to the increasing number of properties found to be infested with mice. Many members of the public are indiscriminately using proprietary warfarin poisons. Although warfarin preparations are comparatively safe to use and do not require pre-baiting, (these are the reasons for its popularity) it has the great disadvantage of not providing a lethal dose if the rodent has not consumed enough of the poison. Further to this must be added the fact that if rodents partially consume these preparations, they can become resistant to warfarin. We prefer that the general public complain to this Department on suspicion that their dwelling has a rodent infestation. Rodent treatment for private dwellings is a Corporation service which is provided free. We are now largely having to discontinue the use of warfarin and use other types of poisons. With these other poisons it is necessary to pre-bait and it does mean extra visits to each premises. However, we are very anxious to avoid the situation prevalent in some parts of the country where rats and mice are warfarin resistant.

During the year, we received several complaints of smell from the Westgate area. Usually the emission of smell was of short duration, and the smell complained of was often that of the masking compound. The practice of visiting the premises immediately a complaint is received was continued with success. This is an important part of our procedure as smells are so transient a delay of ten minutes can mean that the smell has gone by the time a visit is made. As reported last year measures are being taken to improve the environment of the factory and to introduce new plant to ameliorate smell nuisances. These works are progressing and it is hoped that the implementation of these, together with the diversion of the sewer from the river, will decrease still further the number of complaints we receive.

We have a responsibility for seeing that the sanitary provisions on farms are adequate for employees. It comes with a sense of amazement that within the City boundaries, which one primarily thinks of as an urban area, there are twenty-two farms. With the increasing pressure on land one can only speculate how long this will continue.

In conclusion I would like to refer to our move to the new offices in February, 1969. It is a great morale builder to have such a pleasant working condition and I can only thank the Council, the Medical Officer of Health and all others responsible for making these offices a reality. It is pleasing to state that the transference from Priory House to Rikenel caused hardly any disruption of normal routine. I would like to thank all the staff for their enthusiastic participation which made it possible.

The following is a summary of the inspections made during the year 1969.

Public Health Acts

Dwelling Houses on Complaint	940
Work in Progress	11
Drain Tests	62
Dirty and Verminous Premises	22
Insect Infestations	151
Caravan Sites	106
Caravans	30
Schools	3
Hairdressers	37
Cinemas, Fairs, etc.	3
Public Conveniences	570
Offensive Trades	56
Offensive Accumulations	4
Stables and Piggeries	18
Refuse Tips	24
Revisits	1,804
Swimming Pools	4
Cess Pools	8
Day Nurseries	3
Old People's Homes/Nursing Homes	2

Housing Acts

Clearance Area	132
Improvement Grants	4
Individual Unfit Houses	6
Basement Dwellings	1
Rent Act Inspections	—
Overcrowding	8
Houses let in Multiple Occupation	36
Revisits	710
Housing Qualification Certificate Visits	1

Food and Drugs Act

Complaints re Food	62
Visits re above	67
Bakehouses	20
Butchers	49
Canteens, Clubs, etc.	116
Cafes, Restaurants	71
Fishmongers	16
Fried Fish Shops	17
General Shops	238
Sweetshops, Tobacconists	34
Dairies	9
Milk Distributors	1
Ice Cream Manufacturers	16
Ice Cream Vendors	3
Preparation and Storage	5
Wholesalers	21
Public Houses	107
Vehicles—Food	13
Vehicles—Ice Cream	3
Vehicles—Milk	—
Merchandise Marks Act	32
Slaughterhouses	3,488
Food Poisoning Enquiries	9
Food Stalls	46
Revisits	1,198
Samples—Bacteriological	364
Samples—Biological	—
Samples—Food and Drugs Formal	283
Samples—Food and Drugs Informal	57
Samples—Water	24
Samples—Fertiliser Feeds Act Formal	26
Samples—Fertiliser Feeds Act Informal	8
Samples—Others	60
Samples—Pesticides	76
Samples—Liquid Egg	5

Clean Air Act

Inspections—Dwelling Houses	1
Inspections—Commercial Premises	10

Clean Air Act—contd.

Inspections—Factories	..	..	..	..	..	..	16
Inspections—Others	..	..	..	..	..	..	6
Smoke Observations ($\frac{1}{2}$ hours)	..	..	..	..	..	..	74
Revisits	..	..	..	..	..	..	458

Factories Act

Factories—Power	18
Factories—Non-Power	..	..	..	..	..	..	7
Outworkers	..	..	..	..	..	..	24
Revisits	..	..	..	..	..	..	8

Port Health

Vessels—Foreign Going	..	..	..	..	..	..	224
Vessels—Coastwise	..	..	..	..	..	..	87
Rodent Control	..	..	..	..	..	..	28
Revisits	..	..	..	..	..	..	11
Imported Food	..	..	..	..	..	..	243

Offices, Shops and Railway Premises Act**GENERAL INSPECTIONS**

Offices	239
Retail Shops	..	..	..	..	..	..	369
Wholesale/warehouses	..	..	..	..	..	..	51
Catering establishments, canteens	..	..	..	..	..	..	61
Fuel storage depots	..	..	..	..	..	..	4
Other visits, revisits	..	..	..	..	..	..	373

Miscellaneous

Rodent Control—Dwelling Houses	..	..	..	..	..	..	33
Rodent Control—Business Premises	..	..	..	..	..	..	78
Rodent Control—Others	..	..	..	..	..	..	87
Revisits	..	..	..	..	..	..	116
Pet Animals	..	..	..	..	..	..	10
Pet Animals Revisits	..	..	..	..	..	..	7
Animal Boarding Establishments	..	..	..	..	..	..	—
Animal Boarding Establishments Revisits	..	..	..	..	..	..	—
Riding Establishing Visits	..	..	..	..	..	..	4
Rag Flock Act	..	..	..	..	..	..	—
Rag Flock Act Revisits	..	..	..	..	..	..	—
Noise Nuisance	..	..	..	..	..	..	21
Noise Nuisance Revisits	..	..	..	..	..	..	72
Infectious Disease Enquiries	..	..	..	..	..	..	21
Infectious Disease Enquiries Revisits	..	..	..	..	..	..	50
Others	..	..	..	..	..	..	2,010

The following is a summary of the notices served and complied with during 1968 together with outstanding notices complied with :—

INFORMAL	Served	Complied with
Public Health Act	101	97
Food and Drugs Act	85	101
Factories—Power	2	—
Non-Power	—	—
Offices, Shops and Railway Premises Act	88	215
STATUTORY		
Public Health Act	38	34
Corporation Act	19	18
Housing Acts (Section 9 notices) ..	—	1
Improvement Area Notices—Immediate	—	4
—Immediate	2	Withdrawn 2
—Suspended	—	Not Applicable

HOUSING 1969

Orders confirmed during 1969—Compulsory Purchase and Clearance Orders

No Orders were confirmed during 1969.

The Melbourne Street (No. 1) Compulsory Purchase Order (Clearance Areas 184, 185, 186, 187 and 188) was represented on 20th September 1968 the Public Enquiry was held in October 1969, but the result of the Enquiry had not been received by the end of the year.

In the following table the number of occupants displaced does not necessarily relate to the houses shown as demolished.

Table of demolitions and displacement of Occupants.

	Number of Houses
House Demolished	
IN CLEARANCE AREAS	
Houses unfit for human habitation	47
House in or adjoining Clearance Areas	7
NOT IN CLEARANCE AREAS	
As a result of formal or informal action under Sec. 16 or Sec. 17 (1) Housing Act 1957	3
Local Authority houses certified unfit by the Medical Officer of Health	13
Unfit Houses Closed	
Under Secs. 16 (4), 17 (1) and 35 (1), Housing Act, 1957 ..	—
Parts of Buildings Closed	
Under Sec. 18 Housing Act, 1957	1

Number of Persons and Families displaced from premises awaiting demolition.

	Number of Persons	Number of Families
1. From houses to be demolished in or adjoining clearance areas	155	54
2. From houses to be demolished not in or adjoining clearance areas ..	15	6

The majority of displacements and demolitions shown in the above tables have taken place in the Albert Street, Cambridge Street and Prince Street Compulsory Purchase Order and in the Morton Street (No. 1) Compulsory Purchase Order. It is pleasing to note that development is already taking place on the part cleared in the Morton Street area. Although unfortunately not always possible it is of benefit to an area when the redevelopment can follow almost literally on the rubble of the demolition.

In December 1969 a designated area in the Tredworth area was declared a General Improvement Area.

Unfit Houses made Fit and Houses in which Defects were Remedied

(i) After informal action by Local Authority	97
(ii) After formal action under :	
(a) Public Health Acts	15
(b) Housing Act	1

Verminous Premises

Number of houses disinfested	54
Number of articles treated	—

Premises are treated with a Pybuthrin, Lindane and D.D.T. compound or solely with a Lindane preparation and articles are treated by a formalin preparation.

Terminal Disinfections

Number of premises disinfected	—
--	---

Offensive Trades

The following Offensive Trades were carried on in the City at the end of the year :

Tripe Boilers	1
Tallow and Fat Melters	2
Number of Inspections made of the above premises	56

Common Lodging Houses

There are no Common Lodging Houses within the City.

Offices, Shops and Railway Premises Act, 1963

1. REGISTRATION AND GENERAL INSPECTION.

<i>Class of Premises</i>	<i>Registered during the year</i>	<i>On Register at the end of the year</i>	<i>Premises receiving one or more inspections during the year</i>
Offices	39	341	239
Retail Shop	35	518	369
Wholesalers, Warehouses ..	5	65	51
Catering Establishments	7	84	61
Fuel Storage Depots	—	2	2
Totals ..	86	1010	722

Number of Visits of all Kinds to Registered Premises, 1097.

2. NUMBERS EMPLOYED.

<i>Class of Workplace</i>	<i>Number of Persons employed</i>
Offices	3956
Retail Shop	3974
Wholesalers, Warehouses	949
Catering Establishments	808
Canteens	74
Fuel Storage Depots ..	14
Total Males	4327
Total Females	5448
Grand Total	9775

3. EXEMPTIONS.

No applications were received.

4. PROSECUTIONS.

Nil.

1. REGISTRATIONS AND GENERAL INSPECTIONS.

The number of new registrations and withdrawals balanced out, so that the total of registered premises was practically the same as last year. The total of number of visits was lower but the most important ones, the general inspections, showed an increase. The percentage of premises inspected was much higher than the national average.

The administration of the Act in this Authority is based on the principle that each premises shall, as far as practicable, have an annual general inspection.

This inspection is a comprehensive one to ensure that the premises comply with all the requirements of the Act and the various Regulations. On the initial inspection of any premises full details, including the sizes of all offices, are entered on the Inspection Card described below.

Should any contraventions be found an informal notice in writing is served, and the premises revisited after a suitable interval, which will depend on the nature of the contravention, to check whether it has been remedied, or whether a prosecution should be considered.

Additional visits are made should a complaint be received, or an accident notified, or an adverse report under the Lifts and Hoists Regulations be received.

The inspections are made by six District Public Health Inspectors who plan their own programme to cover all the premises on their district during the year.

The administrative procedure was devised to simplify as far as possible the actual task of inspection and to give an "at a glance" check on the progress of inspections, and is as follows.

On receipt of an OSR1, it is checked for completeness and possible errors, then entered in a receipt register, classified and allocated a serial number, and the numbers employed entered on the appropriate running record.

A note is made of the date when the second part of the form is sent to the Fire Authority, or whether the whole form is forwarded to the Inspector of Factories or other Authority.

Following this a Central Register Card and an Inspection Card are prepared.

The Central Register Card is designed for use in the Shannoleaf Visible Records System. The front of the card gives details of the premises, occupier and owner etc., and the bottom (visible line) shows the address and serial number followed by spaces in which the dates of general inspections are entered. The rear of the card gives details of exemptions and prosecutions which are indicated by signal tags.

The cards are filled in alphabetical Street order, so that it is possible to check at a glance when any premises was last inspected. It is also a simple operation to insert new cards or remove cards for premises which have been vacated.

The Inspection Card is kept by the District Inspector and is taken and entered up on each general inspection.

The card comprises six pages which fold down to a convenient 8" x 5" overall size. On the front are the address, class and serial number of the premises, and details of ownership and occupiers, with the majority of the space given to columns in which the analysis of employees by workplace is entered at each general inspection. This shows immediately any changes to be entered on the running record.

The inside pages provide space for entering details of all rooms in the premises, the location and facilities provided for Sanitary and Washing accommodation, details of prescribed dangerous machinery, records of accidents, exemptions etc., but possibly the most important page is one printed with a check list of some 22 items ranging from the sufficiency of Sanitary and Washing Facilities, through Cleanliness, Temperature, Safety of floors etc., to the display of an Abstract of the Regulations. Columns are provided in which at each general inspection a tick is made if that item is satisfactory, or a cross inserted for any contravention or defect found.

Besides acting as an aide memoire to the many different facets of the Act which have to be borne in mind during an inspection, this provides an overall picture at a glance of the general state of the premises, and the continuance of any contravention.

Each Inspection Card has space for ten general inspections to be recorded.

Each visit to a registered premises is entered in the Inspector's daily diary, coded to show the class of premises and whether it was a general inspection or other visit. The diary, together with the cards, are processed by the clerical staff, and from this the numbers of different types of visits for the year are arrived at, and the running records kept up to date.

2. GENERAL OPERATION OF THE ACT

Regulations concerning the safety of Hoists and Lifts became operative during the year, and two of the inspectorate attended a one day course organised by ROSPA on this subject.

It was obvious from this that great reliance must be placed on the inspection made by the competent persons designated under the Act, who are usually Insurance Companies' Engineers.

Despite this there is still need for the local Inspectorate to make as thorough an examination of lifts as they are able. This was revealed when a certificate of inspection dated the month previous was produced for a goods lift which recorded the lift as being in good order and in compliance with the regulations. It was found that the lift platform would operate with the enclosure gates partly open, and that the gates could be opened when the platform was at another level. This was due to the wrong positioning of the cam operating the interlock mechanism, a defect which must have been present for a considerable period of time.

3. ACCIDENTS

No fatal or serious accidents were notified or came to light during the year. Once again the majority of notifications concerned minor injuries received during the handling of goods ; it is difficult to specify measures which would prevent the occurrence of these relatively minor mishaps. In no case was there any question of non-compliance with the requirements of the Act.

Rodent Control

	Type of Property	
	Non-Agricultural	Agricultural
Total number of properties (including nearby premises) inspected following notification	936	2
Number infested by :—		
Rats 	333	1
Mice 	511	1
Total number of properties inspected for rats or mice for reasons other than notification . .	829	27
Number infested by :—		
Rats 	204	13
Mice 	243	—

No. of Sewer Manholes treated 2,028.

No. of Properties on the District :— 32,180 — Non-Agriculture.
27 — Agricultural.

Factories Act, 1961

PART I OF THE ACT

1. *Inspections for purposes of provisions as to health.*

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	11	7	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	369	18	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	380	25	2	—

2. *Cases in which Defects were found.*

Particulars	Number of cases in which Defects were found				Number of cases in which Prosecutions were Instituted
	Found	Re- medied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	1	—	—	1	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	4	1	—	3	—
(c) not separate for the sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL	5	1	—	4	—

Outwork

PART VIII OF THE ACT (SECTIONS 133 AND 134)

Nature of Work	Section 133			Section 134		
	Number of out-workers in August list req'd by Sect. 133 (1) (c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing apparel. Making, etc.	20	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
TOTAL	20	—	—	—	—	—

SECTION E

INSPECTION AND SUPERVISION OF FOOD

<i>Type of Premises</i>	<i>Number</i>
<i>Registered or Licensed Food Premises</i>	
Dairies	3
Distributors of Milk	131
Untreated Milk—Dealer's Licences	3
Pasteuriser's Licences	3
Dealer's (Pre-packed Milk) Licences	162
Ice-Cream—Manufacturers, Hot Mix	3
Ice-Cream Vendors	2
Preserved Meat	282
Slaughterhouses	29
	4

Food Hygiene (General) Regulations 1960

Category	No. of Premises	No. complying with Sec. 16 Food Hyg. Regs.	No. of premises to which Sec. 19 Food Hyg. Regs. applies	No. complying with Sec. 19 Food Hyg. Regs. 1960
Dairies	3	3	3	3
Ice Cream Manufacturers				
Hot Mix ..	3	3	3	3
Soft Mix ..	2	2	2	2
Bakehouses ..	14	14	14	14
Butchers	55	53	55	55
Cafes, Restaurants, Clubs and Canteens	182	182	182	180
Wet and Fried Fish Shops ..	40	40	40	40
General Food Shops including Supermarkets	208	206	196	193
Greengrocers ..	47	47	45	42
Public Houses including premises with Catering Establishments and Off Licences	114	113	113	112
Wholesale Premises	27	27	20	20
Food Factories ..	9	9	9	9
Sweets & Tobacco	65	65	33	33

The Milk (Special Designations) Regulations, 1963

The results of samples of milk taken under the above Regulations were as follows :—

Designation	Taken	Meth. Blue			Phosphates		T.B.		Turbidity		Br. Abort.	
		Sat.	Unsat.	Void	Sat.	Unsat.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Pasteurised	179	168	1	10	178	1 void	—	—	—	—	—	—
Sterilised	9	—	—	—	—	—	—	—	—	8 1 void	—	—
Untreated	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	188	168	1	10	178	1 void	—	—	—	9	—	—

MILK SUPPLIES—BRUCELLA ABORTUS

No samples were taken as no untreated milk is sold within the City.

THE LIQUID EGG (PASTEURISATION) REGULATIONS.

(1) Number of egg pasteurisation plants in the City.. .. .	Nil
(2) Number of samples of liquid egg submitted to the Alpha-Amylase test	5

POULTRY INSPECTION.

There are no poultry processing premises within the City.

Food and Drugs Act, 1955

A total of 277 Formal samples and 58 Informal samples were analysed during the year and the samples purchased were as follows :—

Articles	Number of samples of each article examined			Number of samples of each article regarded as adulterated or not complying with prescribed standards		
	Formally Taken	Informally Taken	Total	Formally Taken	Informally Taken	Total
Milk	45	9	54	3	—	3
Apples	6	1	7	—	—	—
Apricots with foreign body	—	1	1	—	—	—
Beer	7	—	7	—	—	—
Beverages ..	2	—	2	—	—	—
Bread—mouldy	—	1	1	—	—	—
—foreign B.	—	2	2	—	—	—
Butter	7	1	8	—	—	—
Buttered buns and rolls ..	6	—	6	—	—	—
Cheese	6	1	7	—	—	—
Chicken.. ..	—	1	1	—	—	—

Articles	Number of samples of each article examined			Number of samples of each article regarded as adulterated or not complying with prescribed standards		
	Formally Taken	Informally Taken	Total	Formally Taken	Informally Taken	Total
Chicken						
Croquettes ..	1	—	1	—	—	—
Choc. Ice ..	—	1	1	—	—	—
Coffee	2	—	2	—	—	—
Cooking Fats and Oils ..	4	2	6	—	—	—
Crab Meat ..	1	—	1	—	—	—
Cream	6	—	6	—	—	—
Currants and other dried fruit	5	—	5	—	—	—
Curry Powder	6	—	6	—	—	—
Meat	—	1	1	—	—	—
Dried Milk ..	1	—	1	—	—	—
Faggots ..	5	—	5	—	—	—
Fish (tinned) ..	5	—	5	—	—	—
Fishcakes ..	5	—	5	—	—	—
Flour	6	—	6	—	—	—
Fruit & Honey						
Breakfast ..	1	—	1	—	—	—
Fruit Preserves	18	—	18	—	—	—
Fruit Pulp ..	—	2	2	—	—	—
Honey	—	11	11	—	—	—
Ice Cream ..	6	8	14	—	—	—
Ice Cream Powder	1	—	1	—	—	—
Ice Lolly ..	—	2	2	—	—	—
Jelly	6	—	6	—	—	—
Lard	6	—	6	—	—	—
Luncheon Meat	2	—	2	—	—	—
Margarine ..	6	—	6	—	—	—
Marzipan ..	3	—	3	—	—	—
Mincemeat ..	7	—	7	—	—	—
Pastes & Spreads	6	—	6	—	—	—
Plums (tinned)	—	1	1	—	—	—
Pork Pies ..	5	—	5	—	—	—
Powdered Milk	—	2	2	—	—	—
Pumpkin Seeds	—	2	2	—	—	—
Salad Cream ..	6	—	6	—	—	—
Sausages & sausage meat	25	—	25	2	—	2
Sausage Rolls ..	8	—	8	—	—	—
Soft Drinks and syrups ..	12	1	13	—	—	—
Soups and Soup powders ..	8	—	8	—	—	—
Spirits	3	7	10	—	—	—
Vinegar ..	6	—	6	—	—	—
Water Ice ..	—	1	1	—	—	—
Wine and Sherry	8	—	8	—	—	—
Xmas Puddings	4	—	4	—	—	—
Drugs	4	—	4	—	—	—
TOTALS ..	277	38	335	5	—	5

In both cases of unsatisfactory sausages, the samples were found to contain preservatives, although the presence of preservatives was not declared in any way. Warning letters were sent by the Town Clerk.

No action was taken in the case of the three adulterated milks, as the total bulk fat content of the total number of samples taken was found to be above the requirement of the Regulation.

Other Chemical analysis sampling.

Three samples of scrapings from a restaurant were submitted for analysis for the purpose of supporting a Food Hygiene prosecution case.

Ten water samples included the following :—

Seepage from various sources.

Water from a storm water sewer.

Water from a vending machine.

*Water from the supply pipe of a factory.

*This test was made at the request of the firm who suspected contamination with a solution of copper arsenate used in a wood preserving process. A copy of the Analyst's report, showing traces of copper to be present in the sample, was sent to the Water Board.

Ice Cream

The number of samples taken for bacteriological testing by the Public Health Laboratory Service during the year was 176 samples and the results were as follows :—

Samples taken from Premises.

	Number Taken	Grade I	Grade II	Grade III	Grade IV	Plate Count	pH Value	Void
Soft Mix ..	4	3	1	—	—	—	—	—
Others	149	85	22	8	—	13	—	21
Water Ices ..	16	—	—	—	—	1	15	—

Samples taken from Mobile Vans.

	Number Taken	Grade I	Grade II	Grade III	Grade IV	Plate Count	pH Value	Void
Soft Mix ..	—	—	—	—	—	—	—	—
Others ..	7	1	—	—	—	—	—	6
Water Ices ..	—	—	—	—	—	—	—	—

In all cases of Plate Count and pH sampling the samples were found to be satisfactory.

Other Food Bacteriological Sampling.

A sample of imported mussels taken at Sharpness proved satisfactory.

Samples of smoked pork sausage, lamb bones, dried banana and processed cheese were submitted as possible sources of food poisoning. Of these only one, the processed cheese, was identified as being positive for staphylococcus aureus. However, on submitting further unopened specimens of the cheese, these were found to be negative.

Bacteriological Water Sampling

Thirteen samples were taken from swimming pools. Two proved unsatisfactory.

One sample of water was taken from a ship at Sharpness.

Other Sampling.

Fertilisers and Feeding Stuffs

	Number of Samples Taken			Number of Samples Taken Not Complying with Prescribed Standards		
	Formally Taken	Informally Taken	Total	Formally Taken	Informally Taken	Total
Fertilisers	13	2	15	4	—	4
Feeding Stuffs ..	13	6	19	1	2	3
TOTALS ..	26	8	34	5	2	7

Gas Chromatography

Gas Chromatography.

City Survey 81

I give below by kind permission of E. G. Whittle Esq., B.Sc., F.R.I.C., a copy of his report on this aspect of the work.

A total of 81 samples were examined for pesticides as opposed to 172 in 1968.

Sample	No.	Sample	No.
Apple	8	Lamb	1
Apricot	4	Lettuce	5
Beef	3	Melon	2
Cabbage	4	Mushroom	6
Carrot	8	Parsnip	1
Chicken	3	Pear	4
Cucumber	3	Pork	3
Dried Fruit	12	Tomato	7
Egg	3	Water Cress	2
Green Pepper	2	TOTAL	81

Noteworthy samples were as follows :—

Apricot.

One sample contained 0.12 ppm DDT.

Currant.

One sample contained 0.20 ppm DDT.

Lettuce.

Two samples contained the fungicide tetrachloronitrobenzene at levels of 0.29 and 0.26 ppm and a further sample contained 0.48 ppm BHC together with 1.44 ppm PCNB.

Carcases Inspected and Condemned during the year 1968

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected					
Slaughterhouse 1	12,138	137	31	36,647	46,612
Slaughterhouse 2	5,347	3,761	955	24,609	23,806
Slaughterhouse 3	2,289	60	34	5,421	8,032
Slaughterhouse 4	571	—	49	562	2,265
TOTAL ..	20,345	3,958	1,069	67,239	80,715
<i>Carcases and offal inspected and condemned in whole or part All diseases except Tuberculosis and Cysticercus Bovis</i>					
<i>All Diseases except Tuberculosis .. and Cysticercus Bovis.</i>					
Whole carcases condemned ..	12	25	45	147	167
Carcases of which some part or organ was condemned	9,088	3,181	10	12,626	11,327
Percentage of the number in- spected affected with disease other than Tuberculosis or Cysticercus Bovis	44·7%	·81%	·5%	·19%	14·2%
<i>Tuberculosis Only</i>					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	124
Percentage of the number in- spected with Tuberculosis ..	—	—	—	—	0·15%
<i>Cysticercus Bovis Only</i>					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned	10	—	—	—	—
Carcases submitted for refrigeration	10	—	—	—	—
Percentage of the number in- spected affected with Cysticercus Bovis	0·049%	—	—	—	—

Total number of carcases killed and inspected

173,326

Weight of meat condemned at Slaughterhouses
within the City

125 tons, 10 cwts.,
33 lbs.

Slaughterhouses

Number of Licensed Slaughterhouses in the City	4
Number of visits to Slaughterhouses for inspection of carcasses	3,488

Condemnation of Food

							Tons	Cwts.	lbs.
1.	Meat at Wholesale Premises	..	..	..			7	0	30
2.	Meat at retail shops	..	..	..	..	..	1	5	59
3.	Cooked meat and meat products	..	..	..			1	4	12
4.	Canned meats	..	..	..	..	..		17	44
5.	Other Canned foods	..	..	..	..	..	3	19	22
6.	Fish (fresh)	..	..	..	..	..		5	97
7.	Fruit and vegetables (fresh)	..	..	..			3	11	84
8.	Other Foods	..	..	..	..	..	2	15	91
							20	19	103
Total food condemned within the City including slaughterhouses.							146 tons	10 cwts.	24 lb.

Food Poisoning

Total number of outbreaks and Sporadic cases	3
Number of cases	4

Causative Agent

- (a) One case — Salmonella Dublin.
- (b) One case — Salmonella Bredeney.
- (c) Two cases — Staphylococcus Aureus.

Food Complaints

A total of 65 food complaints were received within the Department during the year concerning foreign bodies and mould in food. These complaints were as follows :—

	Foreign Bodies		MOULD
	Number		Number
	Home Produced Food	Imported Food	
Milk	5	—	—
Butter	—	—	1
Margarine	1	—	—
Cheese	—	—	2
Bread	6	—	4
Meat	1	—	1
Canned Meat	—	—	2
Cooked Meat	—	—	1
Meat Pies	—	—	5
Sausage Roll	—	—	1
Fish	4	—	—
Fruit	—	1	—
Jam	—	—	1
Vegetables	4	—	—
Cereals	—	1	—
Confectionery	5	—	4
Other Food	8	1	2
TOTALS	34	3	24

Details of four items not included above are as follows :—

Cheese — complaint of peculiar taste and smell proved to be unfounded.

Tin labelled as evaporated milk, found to contain strawberry jam — no explanation was found by the Manufacturers who reached the conclusion that the incorrect labelling had occurred at some stage in the distribution system.

Scotch egg — sausage meat found to be unsatisfactory due to insufficient cooking.

Golden plums — plums thought by the complainant to be not golden as shown on the label of the tin. In the opinion of the Analyst the plums were not quite ripe and this accounted for the greenish colour.

PROSECUTIONS.

1. Tin Foil Wrapper in bottled orange drink — fine £15 plus £7 7s. 0d. costs.
2. Mouldy Pie Seized — Contravention of Section 8, Food & Drugs Act 1955. Exposing for sale a mouldy pie — Fine £5 0s. 0d. plus £5 5s. 0d. costs.

SECTION F

PORT HEALTH

SECTION I—STAFF.

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Other Appointments held
Dr. P. T. Regester . .	Port Medical Officer	29.7.63	M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Gloucester.
Dr. D. W. G. Brady	Deputy Port Medical Officer	1.1.67 resigned 8.9.69	M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health, City of Gloucester
Dr. P. J. Begley	Deputy Port Medical Officer	7.10.69	M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.Obsb., R.C.O.G., D.C.H.	Deputy Medical Officer of Health, City of Gloucester
R. I Williams	Port Health Inspector	1.1.52	D.P.A., M.A.P.H.I.	Chief Public Health Inspector, City of Gloucester.
G. W. Alexander	Assistant Port Health Inspector	24.9.56	D.M.A., M.A.P.H.I.	Deputy Chief Public Health Inspector, City of Gloucester.
Capt. M. H. D. Embleton	Assistant Port Health Inspector	1.7.68	Master Mariners' Certificate Board of Trade	Harbour Master

Address and telephone number of the Medical Officer of Health —
Health Department, Rikenel, Montpellier, Gloucester.
Gloucester 29421
Telegraphic Address—Portelth, Gloucester.

SECTION II—AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR.

TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported having had during the voyage infectious disease on board
			By the M.O.H.	By the P.H.I.	
Foreign Ports	224	72,519	—	224	—
Coastwise	2,092	334,198	—	87	—
TOTAL	2,316	406,717	—	311	—

SECTION III—CHARACTER OF SHIPPING AND TRADE DURING THE YEAR.

TABLE C

Passenger Traffic			Number of Passengers inward — Nil	
			Number of Passengers outward — Nil	
Cargo Traffic	Principal Imports	—	Timber, Grain, Fertiliser, Granite Setts, Telegraph Poles and Pig iron.	
	Principal Exports	—	Scrap Metal and General Cargo. General Food Ships.	
Principal Ports from which ships arrive			— France, the Low Countries, the Baltic Countries and Russia.	

SECTION IV—INLAND BARGE TRAFFIC.

The tonnage is included in the Coastwise figure in Table B and the main traffic is with petrol, timber and grain to Gloucester, Worcester and Stourport, the cargoes coming from Avonmouth.

SECTION V—WATER SUPPLY.

No Change.

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS 1952.

No Change.

SECTION VII—SMALLPOX.

Cases of Smallpox would be taken to the Bristol Smallpox Hospital.

SECTION VIII—VENEREAL DISEASE.

No Change.

SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS.

Table D—Nil.

SECTION X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS.

Nil.

SECTION XI—MEASURES TAKEN AGAINST SHIPS WITH OR SUSPECTED OF
PLAGUE.

Nil.

SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

All ships arriving from Foreign Ports are inspected by the Port Health Inspector for evidence of Rodents.

Ships and warehouses in Gloucester Docks are kept under the supervision of the City Pests Officer.

Bacteriological and pathological examination of rodents is carried out at the Gloucestershire Royal Hospital, Southgate Street.

TABLE E

Rodents destroyed in the year from Foreign Ports Nil

TABLE F

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued	Total Certificates Issued
After Fumigation With		After Trapping	After Poisoning	Total		
H.C.N.	Other Fumigant					
Nil	Nil	Nil	Nil	Nil	28	28

SECTION XIII—INSPECTION OF SHIPS FOR NUISANCES.

TABLE G

Inspections and Notices.

Nature and Number of Inspections		Notices Served		Result of Serving Notices
		Statutory	Others	
British	97	—	—	—
Foreign	214	—	—	—
TOTAL	311	—	—	—

Imported Food
Record from 1.8.1969 — 31.12.1969

Imported Food Inspected.

	<i>Tons</i>	<i>Cwts.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Powdered Milk	1670	11	2	
Creamed Rice	689	15		
Processed Whelks & Mussels ..	76	15		
Fresh Apples	1348	15		
Canned Apples	570	2		
Honey	90	14		20½
Milk Cocoa Base	5			
Cheese	9			
Strawberry Pulp	41	5		
Coca Cola	156			
Mixed Canned Groceries	31			
Canned Stewed Steak	16			
Frozen Chicken	87			
Frozen Chicken Quarters	2			
Bananas, Cucumbers & Tomatoes ..	37			
	4830	17	2	20½
<i>Containerised Meat Not Inspected</i>				
Fresh Beef	79	15	2	24
Other Meat & Offals	36	10	10	7
	116	8	1	3

Imported Food Sampled and Examined — Chemically

	<i>Tons</i>
Strawberry Pulp	2
Honey	10
Canned Apples	1
Skimmed Milk Powder	2
Sun Flowers Seed Oil	1
Chicken Quarters	1
	17

Imported Food Sampled for Examination for Pesticide

Tomatoes	Nil
Apples	Nil
Apples	BHC.0.01

Imported Food Supplied for Examination—Bacteriologically

Mussels	Satisfactory
-----------------	--------------

Water

Water Sampled	Satisfactory
-----------------------	--------------

Most of the imported food coming into this Port is landed at Sharpness.
The amount is expected to increase in 1970.

SECTION G

STATISTICS

General Statistics

Estimated area of City	8,314 acres
Registrar General's Estimated Mid-year Home Population ..	90,530
Area Comparability Factors—Births	0.977
Deaths	0.988
Rateable Value, 1st April, 1969	£3,573,853
Estimated sum represented by Penny Rate—1969/70	
Before Rebates	£14,653
After Rebates	£14,618

Vital Statistics, 1960 - 1969

Live Births

Year	Legitimate		Illegitimate		Total	Rate per 1,000 estimated resident population	
	Male	Female	Male	Female		Gloucester	England and Wales
1969	757	744	83	75	1,659	18.3	16.3
1968	811	728	91	94	1,724	19.1	16.9
1967	728	738	90	87	1,643	18.3	17.2
1966	691	664	86	69	1,510	20.8	17.7
1965	697	693	84	83	1,537	21.3	18.1
1964	680	692	93	84	1,549	21.6	18.4
1963	683	658	79	84	1,504	21.2	18.2
1962	649	626	70	49	1,394	19.9	18.0
1961	638	637	38	51	1,364	19.5	17.4
1960	669	584	42	46	1,341	19.5	17.1

Stillbirths

Year	Male	Female	Total	Rate per 1,000 live and still births	
				Gloucester	England & Wales
1969	16	7	23	14.0	13.0
1968	14	11	25	14.3	14.0
1967	9	17	26	15.8	14.8
1966	7	12	19	12.6	15.3
1965	15	14	29	18.5	15.8
1964	11	11	22	14.0	16.3
1963	11	11	22	14.4	17.2
1962	15	14	29	20.3	18.1
1961	9	21	30	21.5	19.0
1960	15	22	37	27.6	20.0

Deaths

Year	Male	Female	Total	Death rate per 1,000 estimated resident population	
				Gloucester	England & Wales
1969	463	492	955	10.5	11.9
1968	508	541	1,049	11.6	11.9
1967	427	441	868	9.7	11.2
1966	415	398	813	11.2	11.7
1965	399	358	757	10.5	11.5
1964	405	396	801	11.2	11.3
1963	457	412	869	12.3	12.2
1962	404	383	787	11.2	11.9
1961	405	369	774	11.1	12.0
1960	387	326	713	10.4	11.5

Causes of Death, 1969

Causes of Death	Sex	AGE					Total
		0-24	25-44	45-64	65-74	75+	
Respiratory Tuberculosis ..	M	—	—	2	—	—	2
	F	—	—	—	—	—	—
Cancer—All forms	M	2	4	39	28	23	96
	F	—	5	30	23	27	85
Heart and circulatory diseases	M	—	4	54	64	80	202
	F	—	2	20	57	161	240
All other causes	M	28	11	35	44	45	163
	F	13	7	15	41	106	167
Total Deaths	M	30	19	130	136	148	463
	F	13	14	65	106	294	492
		43	33	195	242	442	955

Maternal Mortality

Year	Deaths caused by Pregnancy Childbirth or Abortion
1969	2
1968	—
1967	—
1966	1
1965	1
1964	1
1963	—
1962	—
1961	—
1960	—

Infant Mortality

Year	Number of deaths of infants under one year of age			Death rate of all infants per 1,000 live births
	Legitimate	Illegitimate	Total	
1969	21	4	25	15.0
1968	25	1	26	15.0
1967	30	5	35	21.3
1966	23	3	26	17.2
1965	20	4	24	15.6
1964	35	4	39	25.2
1963	35	6	41	27.2
1962	25	3	28	20.1
1961	21	3	24	17.6
1960	30	2	32	23.8

Infant Mortality—England and Wales 18.0.

Causes of death of infants under one year of age

Intestinal obstruction	1
Congenital abnormalities	7
Birth injuries, difficult labour etc.	3
Accidents	5
Other causes	9
	25

Causes of Neo-Natal death (of children dying within the first four weeks of being born) included in Infant Mortality figures quoted above.

Congenital abnormalities	3
Birth injury, difficult labour etc.	3
Other causes	6
	12

The neo-natal death rate was, therefore, 7.0 per 1,000 live births.
Neo-natal death rate, England and Wales—12.0.

Prematurity and Stillbirths

Notified Premature Live and Stillbirths—Analysis by birth weight and mortality.

Birth Weight Groups	Prem- ature Live Births	Deaths within 24 hours of birth	Deaths within 28 days of birth	Prem- ature still- births
2 lb. 3 oz. or less ..	4	1	1	4
2 lb. 4 oz.—3 lb. 4 oz.	5	—	1	6
3 lb. 5 oz.—4 lb. 6 oz.	21	—	1	5
4 lb. 7 oz.—4 lb. 15 oz.	31	—	1	—
5 lb.—5 lb. 8 oz. ..	55	—	—	1
Total	116	1	4	16

The total number of premature live births notified show an incidence of 7% of all live births. 69.6% of all stillbirths were notified premature. The overall incidence of prematurity among the total live and stillborn infants was 6.9%.

Incidence of Cancer Deaths

Year	Deaths from Cancer	Percentage of total deaths registered	Death rate per 1,000 population	Age Distribution					
				0—44		45—64		65 plus	
				Male	Female	Male	Female	Male	Female
1969	181	18.9	1.9	6	5	39	30	51	50
1968	207	19.7	2.3	7	6	46	27	67	54
1967	173	19.9	1.9	3	4	29	30	67	40
1966	136	16.7	1.9	6	4	35	22	44	25
1965	138	18.2	1.9	6	4	28	25	37	38
1964	156	19.5	2.2	7	2	29	29	40	49
1963	134	15.4	1.9	4	3	29	21	47	30
1962	135	17.1	1.9	6	3	38	27	36	25
1961	132	17.0	1.0	2	—	33	24	35	38
1960	138	19.3	2.0	1	4	36	14	50	33
1959	139	17.7	2.0	4	7	27	27	32	42
1958	126	17.1	1.8	8	4	28	19	27	40
1957	108	14.4	1.6	6	2	29	14	24	33
1956	126	17.3	1.9	2	5	38	29	27	25
1955	133	17.3	2.0	7	6	28	23	30	39
1954	129	17.6	1.9	5	5	26	29	33	31
1953	98	13.4	1.5	5	6	13	18	27	29
1952	112	16.4	1.7	4	6	24	11	36	31
1951	122	14.9	1.7	2	7	33	18	36	26
1950	120	15.6	1.8	4	9	31	18	27	31
1949	110	14.3	1.7	4	8	23	23	27	28
1948	106	14.5	1.6	1	5	24	16	30	28
1947	108	14.4	1.7	3	9	17	23	29	26
1946	118	15.4	1.9	4	6	23	22	33	33
1945	102	12.9	1.6	1	11	19	11	28	26
Total	3,287	—	—	111	131	725	550	920	850

Analysis of Cancer Deaths

Year	Stomach		Lung and Bronchus		Breast		Uterus	Other (Including leukaemia)		Total		Total
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	
1969	10	11	38	11	1	11	6	47	46	96	85	181
1968	21	10	50	7	—	22	6	49	42	120	87	207
1967	15	4	43	6	—	20	7	41	37	99	74	173
1966	7	4	38	6	1	9	4	39	28	85	51	136
1965	8	10	27	4	1	14	10	35	29	71	67	138
1964	9	6	23	7	—	17	6	44	44	76	80	156
1963	12	8	30	2	1	8	6	37	30	80	54	134
1962	9	8	31	5	—	14	5	40	23	80	55	135
1961	11	11	21	3	—	15	3	38	30	70	62	132
1960	16	6	31	2	—	16	1	40	26	87	51	138
Total	118	78	332	53	4	146	54	410	335	864	666	1530

Care of Mothers and Young Children Clinic Services

1. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance—Ante-Natal examination ..	2,279
Post-Natal examination ..	80
Number of sessions held by—Medical Officers	—
Midwives	98
General Medical Practitioners ..	—
Hospital Medical Staff	149
Total	<u>247</u>

2. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Number of women who attended during the year :

(a) Institutional booked	532
(b) Domiciliary booked	41
Total	<u>573</u>

Total number of attendances during the year 2,320

3. CHILD WELFARE CENTRES

Number of children who attended during the year :

(a) born in 1969	1,337
(b) born in 1968	1,264
(c) born 1964-1967	789
Total	<u>3,307</u>

Number of sessions held by (a) Medical Officers	396
(b) Health Visitors	137
(c) General Medical Practitioners	58
Total	<u>591</u>

Number of children referred elsewhere —

Number of children on “at risk” register at end of year .. 568

Dental Service for Expectant and Nursing Mothers and Young Children

1. *Attendances and Treatment.*

Number of visits for treatment during year :

	<i>Children</i> 0 - 4	<i>Expectant and</i> <i>Nursing Mothers</i>
--	--------------------------	--

First visit	189	255
Subsequent visits	110	417

Number of additional courses of treatment other than the first course commenced during year	19	3
---	----	---

Treatment provided during the year.

Number of fillings	114	322
Teeth filled	97	300
Teeth extracted	340	237
General anaesthetics given	164	72
Emergency visits by Patients	148	30
Patients X-Rayed	—	9
Patients treated by Scaling and/or removal of stains from the teeth (Prophylaxis)	9	176
Teeth otherwise conserved	5	—
Teeth root filled	—	1
Inlays	—	2
Crowns	—	—
Number of Courses of Treatment completed during the year	29	140

2. PROSTHETICS.

Patients supplied with F.U. or F.L. (First time)	12	
Patients supplied with other dentures	24	
Number of dentures supplied	41	

3. ANAESTHETICS.

General Anaesthetics administered by Dental Officers	24	
---	----	--

4. INSPECTIONS.

Number of Patients given first inspections during year	95	358
Number of these who required treatment	59	297
Number who were offered treatment	50	252

5. SESSIONS.

Number of Dental Officer sessions devoted to Maternity and Child Welfare Patients :		
For Treatment	156	
For Health Education	36	

Distribution of Welfare Foods

Number of items sold during the year :

National Dried Milk	..	..	..	..	..	..	6,408
Cod Liver Oil	..	..	..	..	..	..	1,804
A and D Vitamin tablets	..	..	..	..	..	..	4,929
Orange Juice	..	..	..	..	..	..	31,356
Ribena	..	..	..	..	..	..	2,736
Rose Hip Syrup	..	..	..	..	..	..	2,826
Carella Syrup	..	..	..	..	..	..	811
Ostermilk No. 2	..	..	..	..	..	..	2,869
Cow and Gate Milk	..	..	..	..	..	..	4,805
Trufood	..	..	..	..	..	..	1,046
Farlene food	..	..	..	..	..	..	1,083
S.M.A. Milk	..	..	..	..	..	..	763
*Trufood Cereal	..	..	..	..	..	..	15

*Sales commenced November 1969.

Care of Unmarried Mothers

Statistical Report on the work of the City of Gloucester Deanery Association for Social Work.

1. Ages of expectant mothers at the time of referral.

	1968	1969
14 years	1	—
15 „	2	5
16 „	11	10
17 „	11	17
18 „	13	13
19 „	16	10
20 „	9	14
21—25 years	25	24
Over 25 years	18	13
Age not known	1	—
Total	107	106

2. Analysis of new cases.

	1968	1969
Illegitimacy	107	106
Family and other problems	9	15
Applications to adopt	17	15
Total	133	136

3. Financial Assistance for maintenance in Mother and Baby Homes received from Health Committee.

	1968	1969
No. of applications made	12	7
Number of mothers who went to Homes and paid own fees	—	—

DOMICILIARY MIDWIFERY

Statistical review of the year's work carried out by the Gloucester District Nursing Society, acting as Agents for the Health Committee.

1. Number of confinements attended by midwives :—

Doctor booked	134
Doctor not booked	—
Number of cases delivered in hospitals and other institutions, but discharged and attended by domiciliary midwives before the tenth day	943

2. Number of visits by domiciliary midwives :—

Midwifery	6,325
Ante-Natal	4,910
Post-Natal	—
Early discharges	4,972

HEALTH VISITING SERVICE

1. Visiting

	<i>Number of</i>	
	<i>Cases</i>	<i>Visits</i>
Children born in 1969	1,723	6,669
Children born in 1968	1,298	4,857
Children born 1964—1967	2,531	8,044
Persons aged 65 or over	689	1,661
Mentally disordered persons, at the special request of a general practitioner or hospital ..	12	23
Other mentally disordered persons	14	49
Persons discharged from hospital (excluding maternity or from mental hospitals) at the special request of a general practitioner or hospital	14	23
Other persons discharged from hospital (excluding maternity or from mental hospitals) ..	26	60
Tuberculous households	60	143
Other Infectious diseases	233	272
Expectant mothers	219	279
Post-Natal	13	37
School Health follow-up	213	411
Others	726	1,829
Unsuccessful	1,204	3,612
Total	8,977	27,969

2. Clinics etc.

Vaccination and Immunisation Clinics	206
B.C.G. and Heaf Testing Clinics	45
School Health Inspections	281
School Minor Ailments Clinics	6
Cleanliness Inspections at Schools	396
Hospital Out-Patient Clinics	116
Health Education Talks (excluding Mothercraft and Relaxation Classes)	106
Other Clinics	1,419
Total	2,575

HOME NURSING

Statistical review of the year's work carried out by the Gloucester District Nursing Society, acting as Agents for the Health Committee.

1. Number of cases attended :—

Aged under 5 years	81
Aged 65 years and over	1,026
Others	780
Total	1,887

2. Number of visits made :—

Aged under 5 years	532
Aged 65 years and over	33,622
Others	13,477
Total	47,631

VACCINATION AND IMMUNISATION

Against Smallpox	<i>Vaccinated</i>	<i>Revaccinated</i>
Under 3 months of age	4	—
3—6 months	4	—
6—9 months	3	—
9—12 months	6	—
1 year	312	1
2—4 years	145	12
5—15 years	85	106
Total	559	119

2. Against Tuberculosis

	<i>Contact Scheme</i>	<i>School Children Scheme</i>
Number skin tested	119	1,187
Number found positive	19	137
Number found negative	100	1,050
Number vaccinated	95	1,050

Vaccination of Persons under Age 16

1. Completed Primary Courses.

Type of Vaccine	Year of Birth					Others under 16	Total
	1969	1968	1967	1966	1962- 1965		
a. Quadruple DTPP	—	—	—	—	—	—	—
b. Triple DTP	53	989	90	15	101	1	1,249
c. Diphtheria /Pertussis	—	1	—	—	—	—	1
d. Diphtheria /Tetanus	1	2	1	1	73	—	78
e. Diphtheria	—	—	—	—	—	—	—
f. Pertussis	—	—	—	—	—	—	—
g. Tetanus	—	—	1	1	13	28	43
h. Salk	—	—	—	—	—	—	—
i. Sabin	45	992	142	36	180	6	1,401
j. Measles	—	65	140	144	287	—	636
Totals—Diphtheria	54	992	91	16	174	1	1,328
Whooping							
Cough	53	990	90	15	101	1	1,250
Tetanus	54	991	92	17	187	29	1,370
Poliomyelitis	45	992	142	36	180	6	1,401

2. Reinforcing Doses.

a. Quadruple DTPP	—	—	—	—	—	—	—
b. Triple DTP	—	—	475	32	35	—	542
c. Diphtheria /Pertussis	—	—	—	—	—	—	—
d. Diphtheria /Tetanus	—	—	40	13	1,747	3	1,803
e. Diphtheria	—	—	—	—	—	1	1
f. Pertussis	—	—	—	—	—	—	—
g. Tetanus	—	—	—	1	12	22	35
h. Salk	—	—	—	—	—	—	—
i. Sabin	—	—	133	18	1,655	58	1,864
j. Measles	—	—	—	—	—	—	—
Totals—Diphtheria	—	—	515	45	1,782	4	2,346
Whooping							
Cough	—	—	475	32	35	—	542
Tetanus	—	—	515	46	1,794	25	2,380
Poliomyelitis	—	—	133	18	1,655	58	1,864

AMBULANCE SERVICE

	SECTION 27				NON-SECTION 27			
	STRETCHER		SITTING		STRETCHER		SITTING	
	<i>Cases</i>	<i>Miles</i>	<i>Cases</i>	<i>Miles</i>	<i>Cases</i>	<i>Miles</i>	<i>Cases</i>	<i>Miles</i>
Accident and Emergency ..	3,673	25,401	771	5,770	—	—	—	—
Other	7,849	45,560	20,803	71,947	24	1,283	349	2,317
Rail	—	—	133	17,427	—	—	21	1,810
Hospital Car Service	—	—	2,813	42,073	—	—	6,353	33,723
Ambulance Bus	—	—	432	817	—	—	1,296	1,935
Hydraulic Lift Vehicles ..	—	—	10,320	36,018	—	—	4,795	11,882
Van Mileage ..	—	—	—	—	—	—	—	5,119
Out-Patients Carried—	32,094							

Total Mileage —					<i>Cases</i>	<i>Miles</i>
Ambulances	..	..	71,935	Amb. Service	50,312	208,049
Sitting Case Vehicles	..	..	80,034	H.C. Service	9,166	75,796
Hydraulic Lift Vehicles	..	..	48,209	Agency	25,911	26,800
Bus	..	..	2,752			
Van..	..	..	5,119			
			<hr/>		<hr/>	<hr/>
			208,049		85,389	310,645

ACCIDENT CALLS 1968-69

[illegible]

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a)	Number of recuperative holidays granted	31
	Number of recuperative holidays provided by voluntary agencies, where national and local schemes are not applicable	96
(b)	Number of persons in receipt of free milk at the end of the year	7
(c)	Chiropody Service—Number of new cases	309
	Number of treatments given	4,449
	Number of patients on register at end of year	1,060
	Number of Chiropodist sessions	744

CERVICAL CYTOLOGY CLINIC REPORT

Appointments sent	1,409
Women attending for cervical cytology	1,128
Failed appointments	281
<i>Findings obtained from cervical smear.</i>	
Definite Malignancy	7
Papanicolaou—Grade III	1
Papanicolaou—Grades I and II	1,110
Inflammation—Organism not specified	325
Trichomonal Infection	47
Monilial Infection	18
Endocervical cells	2
<i>Findings obtained from physical examination.</i>	
Cervical erosion	117
Cervical polyp	43
Masses in breast	7
Urethral caruncle	3
Fibroids	7
Fixed retroversion	64
Cystocele	28
Stress incontinence	6
Threadworm	1
Uterine prolapse	1
Cervicitis	11
Vaginitis	2
Cervical cyst	2

All findings were reported to general practitioners concerned.

HOME HELP SERVICE

Number of cases provided with help during the year.

1.	Aged 65 or over—	..	..	..	..	..	..	647
2.	Aged under 65 on first visit :							
	(a)	Chronic sick and tuberculous	..	..	..	..	..	42
	(b)	Mentally disordered	..	..	..	..	..	10
	(c)	Maternity	..	..	..	..	..	30
	(d)	Others	..	..	..	..	..	74
3.	Total number of cases	..	..	..	..	..	..	803

MENTAL HEALTH SERVICE

1. STAFF.

1 Head Social Worker A.A.P.S.W.

1 Social Worker C.S.W.

1 Social Worker S.R.N.

3 Part-time Mental Welfare Officers.

(including one holding the Certificate of Recognition of the Council for Training in Social Work).

Health Visitors undertake the supervision of subnormal children under 11 years of age.

2. NEW REFERRALS DURING THE YEAR.

<i>Source</i>		<i>Under age 16</i>		<i>Age 16 and over</i>		<i>Totals</i>
		M.	F.	M.	F.	
(a)	<i>Mentally Ill.</i>					
	1. General Practitioners	1	1	35	123	160
	2. Hospitals ..	3	2	10	21	36
	3. Local Education Authority ..	—	—	—	—	—
	4. Police and Courts	—	—	2	1	3
	5. Other Sources ..	28	12	20	42	102
	TOTALS ..	32	15	67	187	301

(b) *Mentally subnormal.*

1.	General Practitioners	—	—	—	—	—
2.	Hospitals ..	—	—	1	—	1
3.	Local Education Authority ..	4	1	—	—	5
4.	Police and Courts	—	—	—	—	—
5.	Other Sources	—	2	3	1	6
	TOTALS ..	4	3	4	1	12

(c) *Other Children under care of the P.S..*

	M.	F.	Totals
1. School M.O's	1	2	3
2. Child Guidance Clinic. . .	23	14	37
3. General Hospital O.P. Clinics	3	—	3
4. General Practitioners	—	—	—
TOTALS	27	16	43

3. PATIENTS UNDER LOCAL AUTHORITY CARE AT END OF YEAR.

	<i>Under age 16</i>		<i>Age 16 and over</i>		<i>Totals</i>
	M.	F.	M.	F.	
(a) Mentally ill.	4	2	132	345	483
(b) Mentally subnormal	20	17	70	49	156
TOTALS .. .	24	19	202	394	639

4. TRAINING CENTRES.

Number of trainees at end of the year.

	M.	F.	Totals
(a) Junior Training Centre (under age 16)			
Subnormal	3	2	5
Severely subnormal	16	10	26
Nursery class	1	1	2
Diagnostic unit	7	5	12
TOTALS	27	18	45
(b) Senior Training Centre (age 16 and over)			
Subnormal	12	7	19
Severely subnormal	15	16	31
TOTALS	27	23	50

5. ADMISSIONS BY M.W.O's TO PSYCHIATRIC HOSPITALS.

	1968			1969		
	M.	F.	Total	M.	F.	Total
(a) Informal	14	5	19	12	11	23
(b) Observation (S.25)	10	15	25	14	37	51
(c) Treatment (S.26) ..	6	1	7	5	16	21
(d) Emergency (S.29) ..	20	20	40	30	37	67
TOTALS .. .	50	41	91	61	101	162
(e) Patients examined but not admitted .. .	6	12	18	7	14	21

In 1969, 41.6% of all the admissions by Mental Welfare Officers were under Section 29 (Emergency) as compared with 44% in 1968 and 35% in 1967. Informal admissions amounted to 14.3% compared with 21% in 1968 and 32% in 1967.

6. ADMISSIONS TO HOSPITALS FOR THE MENTALLY SUBNORMAL.

Hospital	Short-term	Informal	Sect. 26	Court Orders	Totals
Stoke Park Hospital ..	6	3	1	—	10
Hortham and Brentry Hospitals	—	—	—	1	1
TOTALS	6	3	1	1	11

During the year a number of young subnormals were admitted to Over Hospital for short-term care.

At the end of the year there were nine patients awaiting admission for long-term care, one of these being in urgent need of hospital care.

7. RESIDENTIAL ACCOMMODATION.

At the end of the year, five patients were being maintained in residential accommodation, other than hospital, at Home Farm Trust, Frocester, St. Teresa's Hostel, Farnham, Surrey, Merrowdown, Cheltenham, Spelthorne St. Mary, Egham, Surrey, and Camphill Village Trust, Watford, Herts.

Registration of Day Nurseries, Daily Minders, Nursing Homes and Old People's Homes.

1. DAY NURSERIES.

The local authority has no Day Nurseries, and no arrangements have been made for their provision by voluntary organisations under Section 22 of the National Health Service Act, 1946.

2. DAILY MINDERS AND REGISTERED NURSERIES.

Registrations under the Nurseries and Child Minders Regulations Act, 1963.

				Premises	Places
(a)	Day Nurseries	..	..	4	100
(b)	Other premises	..	..	17	467
(c)	Daily minders	..	..	33	46

3. NURSING HOMES.

Registrations under the Public Health Act, 1936 as amended by the Nursing Homes Act, 1963

..	4	62
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4. OLD PEOPLE'S HOMES.

Registrations under the National Assistance Act, 1948

..	7	134
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SECTION H

SCHOOL HEALTH SERVICE

EDUCATION COMMITTEE

1968-69

Chairman :

Alderman A. G. Neal

Vice-Chairman :

Councillor P. W. Robinson

Members :

Alderman K. A. H. Hyett (Mayor)

Councillor D. J. Roberts
(Deputy Mayor)

Alderman G. A. H. Matthews,
M.B.E.

Councillor D. Cole
Councillor M. G. Dalling
Councillor Mrs. L. A. Reeves
Councillor L. C. White
Councillor R. Dwyer
Councillor J. A. Johnson
Councillor Mrs. D. M. Mathers
Councillor P. W. G. Pickthorn
Councillor P. W. J. Dewsnip
Councillor H. C. Parry
Councillor D. J. Knight
Canon K. F. Evans-Prosser
Canon M. J. Roche
Rev. T. J. Lander
Mr. L. A. Buttling, B.Com.
Mr. H. J. Skinner
Mr. F. Stephenson
Mr. S. W. Smith

1969-70

Chairman :

Alderman A. G. Neal

Vice-Chairman :

Councillor P. W. Robinson

Members :

Alderman K. A. H. Hyett
(Ex-Mayor)

Alderman G. A. H. Matthews,
M.B.E.

Councillor Mrs. L. A. Reeves
Councillor R. Dwyer
Councillor J. A. Johnson
Councillor Mrs. N. Leighfield
Councillor Mrs. D. M. Mathers
Councillor P. W. G. Pickthorn
Councillor P. W. J. Dewsnip
Councillor H. C. Parry
Councillor T. B. Wathen
Councillor D. J. Knight
Councillor J. E. Logue
Councillor Mrs. M. G. P. Nurse
Canon K. F. Evans-Prosser
Canon M. J. Roche
Rev. T. J. Lander
Mr. L. A. Buttling
Mr. F. Stephenson
Mr. H. J. Skinner
Mr. S. W. Smith

S T A F F

P. T. REGESTER, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health and Principal School Medical Officer.

PAULINE J. BEGLEY, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.OBST.R.C.O.G., D.C.H., Deputy Medical Officer of Health, Deputy Principal School Medical Officer.

CHARLES R. OYLER, M.R.C.S., L.R.C.P., Senior Departmental Medical Officer, School Medical Officer.

MARY JAMES, L.R.C.P. (Edin.), L.R.C.S. (Edin.), L.R.F.P. & S. (Glas.), Departmental Medical Officer, School Medical Officer.

L. V. MARTIN, M.B., B.S., F.F.A., R.C.S., D.A., Anaesthetist, School Dental Clinic.
R. BELL, B.D.S. (Edin.), Principal Dental Officer.
A. J. LANE, L.D.S., R.C.S., Dental Officer.
T. A. LOCK, L.D.S., Dental Officer.
R. G. BOODLE, L.D.S., J. R. COND, B.D.S., MRS. E. M. GLEES, D.M.D. (Bonn),
MRS. I. M. LEACH, L.D.S., Dental Officers (Part-time).
MISS V. S. EGERTON, Dental Auxiliary.
MRS. J. BUNCE, MISS J. CHESHIRE, MISS J. CREW SMITH, MISS J. OWEN,
Dental Surgery Assistants.
MRS. M. L. BRICE, S.E.N., MRS. E. H. QUIRK, R.M.N., Dental Surgery Assistants (Part time).

MISS B. C. DAY, S.R.N., S.C.M., Q.N., H.V., Chief Nursing Officer.
MISS A. J. BLOORE, S.R.N., S.C.M., Q.N., H.V., Deputy Chief Nursing Officer.
MRS. D. G. GORDON-WILSON, MRS. E. P. GOULDING, MISS E. M. B. JAMES,
MISS C. JONES, MISS A. E. NEWMAN, MRS. R. O'GORMAN, MISS P. OLIVER,
MRS. V. PUSEY, MRS. V. B. SMITH, MRS. I. M. WATHEN, MRS. G. M. WILLIAMS,
MISS D. M. WOOD, Health Visitors/School Nurses.
MRS. R. M. HILL, School Nurse.
MRS. O. M. BEVERIDGE, MRS. J. EVANS, MRS. J. MITCHELL, School Nurses (Part-time).

J. F. KELSALL, B.A.(HONS.), DIP.PSYCH., A.B.P.S.S., Educational Psychologist.
MISS F. GRAY, L.C.S.T., Speech Therapist.
MRS. A. L. BRISTOW, MRS. S. A. GOODWIN, MRS. C. V. PEARCE, Speech Therapists (Part-time).
MRS. C. COOPER, Audiometric Technician.
MRS. C. J. GREENWOOD, Physiotherapist (Part-time).

SCHOOL HEALTH SERVICES

Health Department and Central Clinic,
Rikenel, Montpellier, Gloucester.
Telephone 29421

Dental Clinic, Ivy House, Barton Street, Gloucester.
Telephone 20436.

Child Guidance Clinic, Maitland House, Spa Road, Gloucester.
Telephone 26319.

To the Mayor, Aldermen and Councillors
of the City of Gloucester.

I have the honour of presenting my Annual Report on the School Health Service for 1969.

P. T. REGESTER,
*Medical Officer of Health and
Principal School Medical Officer.*

Report of the Principal School Dental Officer for the year 1969.

No account of 1969 would be complete without a mention of the retirement of Mr. J. P. Wilson the previous Principal School Dental Officer. Mr. Wilson retired at the end of March with over ten years devoted service to the children of the City to his credit. He will be missed by many and we all wish him and Mrs. Wilson a long and happy retirement.

Following the retirement of Mr. Wilson, Mr. A. J. Lane, Senior Dental Officer ran the service very capably for a period of three months. Thus, there have been three changes in the running of the service during the year. In these circumstances it does the staff great credit that the amount of useful work actually carried out was essentially similar to the previous year with a fair increase in the number of teeth filled.

The ratio of teeth filled to teeth extracted which is a good measure of the success of a service is still lamentably low at 1.4 to 1 when compared with the average national figure of 6 to 1. This gives no room for complacency, nor does the low number of dental inspections possible during the year. Approximately one third of the school population.

This is due in no small part to the fact that the City boundaries were extended in 1967 with no increase in dental staff. An increase of school population of 2,500 brings an attendant increase in dental problems and this is taking its toll of the service. The time between school inspections increases and when a school is treated more treatment of an extensive nature is required. Ample proof is supplied by the appended figures which show the amount of dental treatment needed by one third of the school population. It is hoped that the establishment will be increased by one dental officer and dental surgery assistant as soon as possible to reverse this trend.

There have been quite a number of other changes in the staff to report during the year. Mrs. A. S. Pritchard came to help us and all too briefly for a number of very valuable months was then in turn replaced by Mrs. E. M. Glees who is already proving herself an essential part of our team.

We were sorry to lose Miss Margaret Blick, Dental Auxiliary who went to work in her home town and Mrs. Ruth Taylor, Dental Hygienist. Before they left they arranged an excellent dental health exhibition in the health department at Rikenel in conjunction with Mrs. Craig the Health Education Officer. For a while we were without the help of an auxiliary but have now welcomed Miss V. Egerton from the county. There have been changes also in the nursing staff Mrs. I. Wooles retired after twelve years useful service

at the same time as Mr. Wilson and Mrs. J. Watts left just in sight of ten years service. We also lost Miss M. Ramsay and Mrs. R. Robins. We were pleased to welcome back Miss J. Crew-Smith and Mrs. J. Bunce who both worked previously for the City. We were also joined by Miss J. Owen who came to us from private practice.

All in all a good fight was fought against dental illness in 1969 and we hope that we will be able to materially improve the situation in 1970.

Report by the Educational Psychologist :—

1969 was a busy year with heavy demands made on this service. The move from Brunswick Road to Rikenel has had the excellent result of making the Educational Psychologist more accessible. Being in the same building as the Mental Health workers and Health Visitors has increased communication enormously. However, there is a limit to what one Educational Psychologist can do. A close consideration of some two hundred and fifty children a year seems to be about this limit. Perhaps the range of the work will become clearer if a sample of activities from a typical week is given :

Visit an infants school and assess two children and interview their mothers and discuss with staff. Learning difficulties severe with both children. One needs special school.

A session at the Teacher's Centre leading a discussion group of part-time teachers of backward readers.

Interviews with two parents seeking help with their children, one soils himself, one is about to be excluded from secondary school.

Working with a Psychiatric Social Worker at the Child Guidance Centre trying to help a child victim of assault, and a grammar school pupil refusing to go to school.

A whole afternoon spent dictating, telephoning, reading notes, discussing children with colleagues from various departments — Health, Education, Children's and Probation.

A home visit to assess strengths and weaknesses of an extremely backward five year old.

Visit school and home of a very difficult junior pupil to assess and see what help is possible.

Visit day school for maladjusted children in Cheltenham to discuss progress of City children there.

This was the kind of work going on throughout 1969. From this close study of educational, developmental and family difficulties emerge certain clearly identifiable needs :—

A A recovery of staffing level whiah					
in 1963 was	1	Educational Psychologist to	13,000	pupils	
in 1969 was	1	„	„	17,000	„
is recommended to be	1	„	„	10,000	„
actually is in County					
of Gloucestershire	1	„	„	12,000	„

B The pressure on the Service would ease considerably if richer provision existed for those in need. Thus the provision of a day unit for maladjusted children, which was approved in principle by the Council 10 years ago, would help a great deal. In particular, it would provide an encouraging atmosphere for the extremely shy non-speaking child, and a tension reducing environment for the very aggressive. It might be the route back to school for the child who is refusing to attend at all.

C No trained remedial teachers are available to help the most intractable school failure. Despite the devoted work of the part-time teachers of backward readers some children do not respond yet are not suitable for special school. An experienced remedial teacher could combine advisory work with teaching.

STATISTICS

1. ATTENDANCES AND TREATMENT.

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First Visit	1,937	1,250	366	3,553
Subsequent Visits ..	2,170	1,831	715	4,716
Total Visits	4,107	3,081	1,081	8,269
Additional courses of treatment commenced ..	4	26	11	41
Fillings in permanent teeth	1,610	2,427	1,087	5,124
Fillings in deciduous teeth	1,543	106	—	1,649
Permanent teeth filled ..	1,137	2,011	952	4,100
Deciduous teeth filled ..	1,376	103	—	1,479
Permanent teeth extracted	200	596	210	1,006
Deciduous teeth extracted	2,576	479	—	3,055
General anaesthetics ..	1,329	572	124	2,025
Emergencies	693	325	83	1,101

Number of Pupils X-rayed ..	173
Prophylaxis	550
Teeth otherwise conserved ..	97
Number of teeth root filled	11
Inlays	1
Crowns	36
Courses of treatment completed	1,752

2. ORTHODONTICS.

Cases remaining from previous year	104
New cases commenced during year	54
Cases completed during year	40
Cases discontinued during year	2
No. of removable appliances fitted	60
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant ..	7

3. PROSTHETICS.				
	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	2	2
Pupils supplied with other dentures (first time) . .	6	27	11	44
Number of dentures supplied	7	27	11	45
4. ANAESTHETICS.				
General anaesthetics administered by Dental Officers				1,299
5. INSPECTIONS.				
(a) First inspection at school. Number of Pupils				5,853
(b) First inspection at clinic. Number of Pupils				696
Number of (a) + (b) found to require treatment				4,813
Number of (a) + (b) offered treatment				3,991
(c) Pupils re-inspected at school or clinic				68
Number of (c) found to require treatment				61
6. SESSIONS				
Sessions devoted to treatment			1,286	
Sessions devoted to inspection			82	
Sessions devoted to Dental Health Education			102	

Report by Audiometrician.

The number of children requiring tests increased during 1969, and this, I am sure, was partly due to the fact that General Practitioners and Health Visitors have realised that audiometric testing is now more reliable than the old fashioned watch tick or whisper.

I continued my weekly visit to the Hearing Aid Clinic and E.N.T. Out-Patients, and have visited all the City School, testing the children in the selected age groups, as for 1968.

All children receiving Speech Therapy, and those attending Longford and Oakbank Schools have been screened to exclude deafness.

The number of pre-school children also tested in 1969 increased, and several more partially hearing pupils were ferferred to the County Teachers of the Deaf for extra help with their social work.

STATISTICS						
Population of Gloucester . . . . .	..	..	..	..	..	90,490
School Population . . . . .	..	..	..	..	..	17,909
<i>Distribution of School Population</i>						
			<i>No. of Schools</i>		<i>No. on Rolls</i>	
Primary Schools . . . . .	..	..	38		10,571	
Secondary Schools . . . . .	..	..	15		7,058	
Special Schools . . . . .	..	..	2		280	

Medical Inspections

1. Examination of Children for :	
(a) Fitness for Employment	167
(b) Requiring Special Educational Provision ..	51
2. Examination of Candidates for Teachers' Training Colleges ..	79

B.C.G. Vaccination

1. School Children Scheme.	
Number skin tested	1,187
Number found positive	137
Number found negative	1,050
Number vaccinated	1,050

Handicapped Children

LONGFORD SCHOOL. This is a Special School for educationally subnormal children. Longford provides 210 places, of which 177 are occupied by City children.

OAK BANK SCHOOL. The total attendance at the end of 1969 was 64 of whom 46 were from the City. The City cases are as follows :

- 1 Partially sighted.
- 1 Speech defect.
- 31 Physically handicapped.
- 7 Delicate.
- 3 Maladjusted.
- 3 Epileptic.

There were 22 admissions from the City during the year.

HOME TEACHING. 9 children received home tuition because of their inability to attend any school. The reasons were physical handicap, maladjusted, and pregnancy.

Home teaching continued also, throughout the year, in the Children's Wards of the Gloucestershire Royal Hospitals.

RESIDENTIAL SCHOOLS. In addition to the children shown above, numbers attending Residential Schools outside the City are as follows :

- 1 Blind.
- 3 Partially sighted.
- 4 Physically handicapped.
- 13 Maladjusted.
- 24 E.S.N.
- 1 Speech.
- 3 Deaf.
- 2 Partially deaf.
- 1 Delicate.

Medical Inspection of Pupils attending Maintained Primary and Secondary School (including Nursery and Special Schools)

1. TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory		For defective vision (Excluding Squint)	For any other condition	Total Individual Pupils
1965 and later	73	73	—	—	1	6	6
1964	583	583	—	—	6	35	37
1963	851	851	—	—	15	32	44
1962	145	145	—	—	11	12	23
1961	218	218	—	—	29	26	53
1960	200	200	—	—	19	20	38
1959	155	155	—	—	11	9	20
1958	115	115	—	—	41	6	47
1957	71	71	—	—	67	7	73
1956	79	79	—	—	60	2	60
1955	486	486	—	—	46	6	51
1954 and earlier	955	955	—	—	113	6	117
TOTAL	3,931	3,931	—	—	419	167	569

2. OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	309
Number of Re-Inspections	..	..	..	..	845
Total	..	..	..	..	1,154

3. INFESTATION WITH VERMIN.

Total number of individual examinations of pupils by School Nurses	..	..	..	..	22,970
Total number of individual pupils found to be infested	..	..	..	..	611
Number of pupils in respect of whom Cleansing Notices were issued (Section 54 (2), Education Act, 1944)	..	..	..	..	17
Number of pupils in respect of whom Cleansing Orders were issued (Section 54 (3), Education Act, 1944)	..	..	..	..	—

4. SCREENING TESTS OF VISION AND HEARING.

The vision of all school entrants is tested during the first year entry, and is repeated once in Infants, once in Junior School and then each year in Senior Schools. Colour vision is also tested during the third year age group at Junior School. Selected pupils undergo audiometric testing by an Audiometrician during the first year after entry. The School Medical Officer refers to local audiology clinic (Hospital E.N.T. Consultant) if considered necessary.

5. DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR.

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Skin	T	2	2	1	5	1
	O	24	5	4	33	3
Eyes—a. Vision	T	22	312	88	422	46
	O	129	577	206	912	104
b. Squint	T	10	2	5	17	1
	O	25	1	7	33	5
c. Other	T	1	—	—	1	—
	O	1	41	27	69	5
Ears—a. Hearing	T	7	2	6	15	8
	O	54	4	27	85	37
b. Otitis Media	T	1	2	—	3	—
	O	7	1	1	9	—
c. Other	T	—	—	—	—	—
	O	1	1	1	3	1
Nose and Throat	T	10	3	8	21	7
	O	134	13	11	158	20
Speech ..	T	14	1	3	18	7
	O	17	1	6	24	13
Lymphatic Glands	T	1	—	—	1	3
	O	34	—	2	36	5
Heart	T	2	—	—	2	—
	O	10	4	2	16	8
Lungs	T	—	—	—	—	—
	O	14	8	11	33	11
Developmental a. Hernia	T	7	—	3	10	3
	O	12	—	4	16	8
b. Other	T	7	1	4	12	12
	O	69	8	13	90	27
Orthopaedic a. Posture	T	—	—	—	—	—
	O	3	1	1	5	2
b. Feet	T	6	—	3	9	5
	O	17	1	3	21	4
c. Other	T	5	1	4	10	2
	O	9	7	—	16	6

DEFECTS FOUND BY INSPECTIONS—contd.

DEFECT OR DISEASE		PERIODIC INSPECTIONS				
		Entrants	Leavers	Others	Total	Special Inspection
Nervous System	T	—	—	—	—	—
	O	5	2	2	9	4
a. Epilepsy	T	—	—	—	—	—
	O	—	—	2	2	3
b. Other	T	—	—	—	—	—
	O	—	—	—	—	—
Psychological	T	3	—	2	5	4
	O	9	—	4	13	8
a. Develop-	T	—	—	2	2	3
	O	4	—	2	6	3
ment	T	—	—	—	—	—
	O	—	—	—	—	—
b. Stability	T	—	—	—	—	—
	O	—	—	—	—	—
Abdomen	T	—	—	—	—	—
	O	2	—	1	3	—
Other	T	7	—	30	37	14
	O	43	2	16	61	27

T=Requiring treatment
O=Requiring Observation

6. TREATMENT OF PUPILS : (In all cases, figures shown refer to the number of children known to have been dealt with).

(a) <i>Eye Diseases, Defective Vision and Squint :</i>						
External and other, excluding errors of refraction and squint						
Errors of refraction (including squint)						31
Number of pupils for whom spectacles were prescribed						39
(b) <i>Diseases and defects of ear, nose and throat :</i>						
Received operative treatment —						
(i) for diseases of the ear						9
(ii) for adenoids and chronic tonsilitis						142
(iii) for other nose and throat conditions						3
Received other forms of treatment						3
Number of pupils in schools who are known to have been provided with hearing aids —						
(i) in 1969						5
(ii) in previous years						31
(c) Orthopaedic and Postural defects :						
Pupils treated at clinics or out-patients departments ..						4
Pupils treated at school for postural defects						32
(d) Diseases of the Skin (excluding uncleanliness) :						
Ringworm—Scalp						
Body						—
Scabies						—
Impetigo						8
Other skin diseases						12

(e)	Child Guidance Treatment :								
	Pupils treated at Child Guidance Clinics								121
(f)	Speech Therapy :								
	Pupils treated by Speech Therapist								195
(g)	Other treatment given :								
	Pupils with minor ailments								450
	Pupils who received convalescent treatment under School								
	Health Service arrangements								22
	Pupils who received B.C.G. Vaccination								1,050
	Accidents								64
	Diabetes								2
	Enuresis								46

Acknowledgements . . .

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